

**TERMS OF CALL (CONTRACT) REPORT TO
WINNEBAGO PRESBYTERY**

Member Information

Name _____
 Church _____ City _____

**Persons serving in called and installed positions must participate in the Plan (Book of Order, G-14.0506).
 (Positions in italics are not mandated but are eligible to participate in the Benefits Plan.)**

_____ Pastor _____ *Stated Supply* _____ *Parish Associate*
 _____ Co-Pastor _____ *Interim Pastor* _____ *Interim Associate Pastor*
 _____ Associate Pastor _____ Designated Pastor
 _____ Other _____

Annual Salary Information

Effective date of change reported on this form (mm/dd/yyyy) _____

Total hours scheduled to work per week (e.g. 25, 30, 40) _____

Please enter annual amounts or zero if not applicable:

1. Cash salary (including employee contributions to 403(b)(9) plans; tax sheltered annuity plans; unvouchered book, car, and study allowances; vacation pay and overtime)	\$
2. Housing Allowance	\$
3. Employing organization contributions to 403 (b)(9) plans; tax-sheltered annuity plans and equity allowances. (effective 1/1/08 matching contributions to the Board's Retirement Savings Plan should not be included.)	\$
4. Bonus (will be included for the current year only; if continuing, you will need to report annually)	\$
5. Other allowances (including copayment, medical, furnishings and utility allowances and reimbursement of SECA in excess of 50%) Do not include expenses reimbursed through vouchers.	\$
6. Manse Amount (must be at least 30% of Lines1-5 for members residing in a manse)	\$
Total Annual Effective Salary (total of lines 1-6)	\$
Dues are computed and benefits are determined on this amount (subject to minimums and maximums). Effective Salary is any compensation a member receives during a Plan year from an employing organization.	For more information, see <i>Understanding Effective Salary</i> booklet available at www.pensions.org
7. Benefit Plan Dues (32.25%)	\$

Other Vouchered Compensation	
8. Continuing Education Allowance - \$1000 minimum	\$
9. Business and Professional Allowance	\$
10. Automobile Allowance (circle one) IRS Rate or Church Owned Car	\$
11. SECA Allowance (only up to 50%; additional payment is reported in line 5)	\$
12. Other - Please explain	\$
Other Terms	
13. Number of Weeks Vacation Annually – See Policy – Attachment A	
14. Number of Weeks of Study Leave Annually – 2 weeks annually	
15. Number of Sick Days Annually – 10 days annually, cumulative to 90	
Continuing Education Activities	
16. Please list your continuing education plans for the coming year.	
7. Please list your continuing education activities during this past year.	