**Pastoral Call Form**

 **Presbytery of Transylvania**

**Presbyterian Church (USA)**

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Presbyterian Church of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[City, State], being well satisfied with your qualifications for ministry and confident that we have been led to you by the Holy Spirit as one whose service will be profitable to the spiritual interests of our church and fruitful for the Kingdom of our Lord, earnestly and solemnly calls you, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to undertake the office of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Pastor, Associate Pastor) of this congregation, beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ promising you in the discharge of your duty all proper support, encouragement and allegiance in the Lord.

That you may be free to devote full time (part-time) to the ministry of the Word and Sacrament among us, we promise and obligate ourselves to provide you the following annually:

 Cash Salary $\_\_\_\_\_\_\_\_\_\_\_\_

Housing - [manse and/or amt. of housing allowance] $\_\_\_\_\_\_\_\_\_\_\_\_
Utilities Allowance $\_\_\_\_\_\_\_\_\_\_\_\_
Supplement for Social Security Tax $\_\_\_\_\_\_\_\_\_\_\_\_
Full medical, pension, disability, and death benefit coverage under the Board of Pensions

Other benefits:

Deferred Compensation $\_\_\_\_\_\_\_\_\_\_\_\_

Medical/Dental Reimbursement Allowance $\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

Paid vacation leave of \_\_\_\_\_\_\_weeks annually
Paid continuing education leave of \_\_\_\_\_\_\_\_weeks annually (cumulative up to \_\_\_\_\_\_ weeks)

Consideration of \_\_\_\_\_\_\_\_\_ weeks of sabbatical leave after \_\_\_\_\_\_\_\_\_\_ years of service

Moving expenses $\_\_\_\_\_\_\_\_\_\_\_\_

It is understood that the following expenses of ministry will be reimbursed through an accountable plan:

Travel expense at $\_\_\_\_\_\_\_\_\_ per mile $\_\_\_\_\_\_\_\_\_\_\_\_

(IRS allowable rate is recommended)

Continuing Education Reimbursement allowance $\_\_\_\_\_\_\_\_\_\_\_\_

*\*\*Please attach any additional provisions.*

In the event of an involuntary dissolution of your pastoral relationship with this congregation, for any cause other than criminal activity, sexual misconduct, financial malfeasance, or a finding of guilt in a disciplinary case resulting in either temporary exclusion from the exercise of ordained office or removal from ordained office, you shall be afforded as severance benefits a continuation of your then current salary and benefits being provided for a negotiated period of time which shall take into account your tenure among us—but not less than three months. Such compensation will cease when full-time employment is secured. Such payments shall be made monthly, not as a lump sum settlement. During the severance period, it shall remain the congregation’s responsibility to continue all benefit payments to the Board of Pensions.

In the case of criminal activity, sexual misconduct, financial malfeasance, or a finding of guilt in a disciplinary case resulting in either temporary exclusion from the exercise of ordained office or removal from ordained office, in an effort to be redemptive and in consideration of your family and with respectfor your past ministry to this congregation, you shall be afforded as severance benefits a continuation of your then current salary and benefits being provided for a period of one month.

***We promise and obligate ourselves to review with you annually the adequacy of this compensation***

***In testimony whereof we have subscribed our names this \_\_\_\_ day of \_\_\_\_\_\_ 20 \_\_\_.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Having moderated the congregational meeting which extended this call for ministerial services, I do certify that the call has been made in all respect according to the rules laid down in the Form of Government, and that the persons who signed the foregoing call were authorized to do so by vote of the congregation.***

***(Signed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Moderator of the Congregational Meeting***

***CERTIFICATION OF CALL***

**By Presbytery of Call**

By the Presbytery of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This call has been reviewed by the Commission on Pastoral Transitions. The Commission recommends that the presbytery approve this call.

Date of action \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CPT Moderator

This call was approved by the Presbytery of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, through action taken by its Committee as authorized by G-11.0502h.

Date of Action \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stated Clerk

**By Presbytery of Care or Present Call**

This call has been reviewed by the Committee on [ Ministry or Preparation for Ministry] . The Committee recommends that the presbytery find it expedient to release \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to accept this call.

Date of Action \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Committee Moderator

The Presbytery of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby finds it expedient to release \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to accept this call and therefore has placed this call in the minister’s/candidate’s hands

Date of Action \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stated Clerk

**By Candidate**

This is to certify that I have received and accepted the call.

Date of Acceptance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature