SNAKE RIVER
PRESBYTERY

CONTRACT FOR TEMPORARY SERVICE BY MINISTERS OF OTHER CHRISTIAN CHURCHES UNDER VALIDATED MINISTRY Year _____

The Session of _____ enters into the following contract with Pastor _____ beginning on _____. The ministry of _____ was validated by the Snake River Presbytery on _____, 20____, for a term of one year, subject to renewal.

Expectations

This ministry will include (**Please check all fields pertaining to this position**.)

____ Worship leadership and preparing the bulletin (specify Sundays if less than full time)

____ Moderating Session and congregational meetings

____ Preside at the Lord's Table

____ Perform baptisms as requested by the Session

____ Pastoral calls to the ill, homebound, and as needed to other members

____ Officiating at weddings and funerals as requested

____ Assist the church committees, boards, and session to carry out assigned tasks

____ Administrative Duties

____ Participation in the life, ministry, and mission of the Presbytery, including the exercise of voice and vote in presbytery meetings

____ Other:_____

____ Other:_____

____ Other:_____

The Session estimates that fulfilling these duties will require _____ hours per week/month.

COMPENSATION

A. EFFECTIVE SALARY

The minimum effective salary for a full-time position is 75% of the amount established by the Board of Pensions as the Median Effective Salary. For part-time relationships, the minimum annual

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effective salary shall be computed as a proportion of the amount for a full-time position based on anticipated average hours per week, assuming 40 hours per week for full time.

1. Cash Salary (12-month equivalent) $_____
2. Housing / Utilities Allowance or Manse value $_____
3. Contributions to PCUSA Fidelity 403b or other retirement $_____
4. Additional Compensation or Allowances (please specify below) $_____

_____

Total Effective Salary (summary of 1-4) $_____

B. **BENEFITS (Paid by Congregation)**

1. Participation in a benefits plan that includes pension, disability, and medical coverage for the pastor and medical coverage for dependents $ _____
2. SECA: Social Security Offset (optional) (50% or less) $ _____
3. Other (specify) _____ $ _____
4. Vacation (minimum of four weeks including four Sundays)

   (If greater, please specify here_____)
5. Paid Family Leave on terms set out by COM procedures (minimum of 12 weeks)

C. **PROFESSIONAL REIMBURSABLE EXPENSES (Paid by Congregation)**

1. Mileage Reimbursement at current IRS rate $_____
2. Continuing Education

   a. Reimbursable expenses (travel, lodging, fees, materials of at least $1200/year, cumulative to $2400) $_____

   b. Minimum 2 weeks/year including 2 Sundays accumulative to 3 years

   (If greater, please specify here_____)
3. Professional Expenses $_____

Total Benefits **$**_____

Professional Reimbursable Expenses

1. Mileage Reimbursement at current IRS rate $_____

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2. Continuing Education

a. Reimbursable expenses (travel, lodging, fees, materials of

at least $1200/year, cumulative to $2400) $_____

b. Minimum 2 weeks/year including 2 Sundays

3. Professional Expenses $_____

Salary will be paid (check one) ___ monthly; ___ twice a month on the _____ and _____;
or_____ bi-weekly

By signing below, the parties acknowledge that they have read and agree to the Snake River Presbytery Manual of Administrative Operations, including the ethical conduct and dissolution policies, and the Commission on Ministry Procedures (found on the Presbytery's website under Policies).

Date of Session Action: _____

Clerk of Session signature: _____ Date: _____

Pastor signature: _____ Date: _____

COM Moderator signature: _____ Date: _____

"By action of the presbytery, this relationship was recorded in the rolls and records of the Presbytery and the General Assembly."

Stated Clerk signature: _____

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Contract renewal: Beginning date _____ End date _____

Initials: Clerk_____ Pastor _____ COM Moderator and approval date _____

Stated Clerk _____

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Contract renewal: Beginning date _____ End date _____

Initials: Clerk_____ Pastor _____ COM Moderator and approval date _____

Stated Clerk _____