

**The Presbytery of New Covenant
Compensation Report Form 2017**

Please use the Compensation Report Form Worksheet before filling out this form.

Note: Compensation changes must also be reported to the Board of Pensions by using Form ENR-111

Church Name and City _____

Minister's Name & Date Ordained _____

If Part-Time, Indicate Fraction or Percentage of Full-Time _____

PART ONE: Compensation Subject to Board of Pensions Dues

	Existing Terms	New Terms
a. Annual Cash Salary	\$ _____	\$ _____
b. Housing, Utility and Furnishings Allowance	\$ _____	\$ _____
c. Value of Manse (if provided)	\$ _____	\$ _____
d. Reimbursement of Self-Employment Contribution Act (SECA) tax obligations in excess of 7.65%	\$ _____	\$ _____
e. Other direct compensation/reimbursement	\$ _____	\$ _____
f. Other Allowances or Insurance Payments, including medical deductible/medical expense reimbursement allowances for additional insurance coverage for individual employees not paid through a group benefit plan.	\$ _____	\$ _____
Total Effective Salary (1.a. through 1.f.)	\$ _____	\$ _____

PART TWO: Reimbursed Expenses

a. Auto Allowance @ IRS Rate	\$ _____	\$ _____
b. Books, Professional Dues (NOT included in Study Leave Allowance)	\$ _____	\$ _____

PART THREE: Benefits

a. Board of Pensions Dues (For Installed Pastors Full Participation for 2017 is 36.5% of effective salary)--(11% Pension, 1% Death & Disability; 24.5% medical) SEE WORKSHEET AND BOP PUBLICATIONS FOR ADDITIONAL GUIDANCE ON BOP DUES.	\$ _____	\$ _____
b. Study Leave Allowance (cumulative for 3 years)	\$ _____	\$ _____
c. Paid Study Leave (Time is cumulative for 3 years)	_____ weeks	_____ weeks
d. Paid Vacation	_____ weeks	_____ weeks
e. Other paid group insurance	\$ _____	\$ _____
f. Matching employer contributions to PC(USA) Retirement Savings Plan	\$ _____	\$ _____
g. Reimbursement of Self Employment Contribution Act (SECA) tax obligation up to 7.65%	\$ _____	\$ _____

PART FOUR: Annual Review

Date Annual Review will be held: _____

PART FIVE: Effective Date

The Effective Date of Terms of Call (date): _____

Date of Congregational Meeting: _____

Moderator: _____ **Clerk:** _____ **R 12/16**

SUBMIT THIS FORM TO SHARON DARDEN, COM, 1110 Lovett Blvd. Houston, 77006 -- NOT THE WORKSHEET

The Presbytery of New Covenant
Annual Review Report
[Due by July 1 in any year in which Compensation Report Form
not filed, to verify that an annual review has been conducted]

Church Name and City _____

Minister's Name & Date Ordained _____

If a compensation report form containing the date of the annual review of the minister and the date of the congregational meeting considering the terms of call has not been filed by July 1 of any year, the moderator and the clerk of shall file this report by July 1 for each minister.

<p>NOTE: A change in the amount paid to the Board of Pensions is viewed as a change in terms of call.</p>
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_____ Date the session conducted a review of the pastor's terms of call
(Book of Order G-2.0804).

We certify that the terms of call meet or exceed the minimum requirements established by The Presbytery of New Covenant.

Clerk of Session: _____

Moderator of Session: _____

Date of report: _____

RETURN TO:
SHARON DARDEN
Committee on Ministry
1110 Lovett Blvd., Houston, TX 77006-3824
sdarden@pbyofnewcovenant.org