

WORKSHEET
NORTHEASTERN IOWA SYNOD
Definition of Compensation, Benefits and Responsibilities of the Pastor

Congregation(s) _____

Name of Pastor _____

Effective Date: _____

A. COMPENSATION/SALARY

- 1. Base salary paid to pastor \$ _____
- 2. Social Security Allowance as Additional Salary (lines 1 x 7.65%) \$ _____
- 3. Housing
 - a. Housing Allowance Paid to Pastor **or** \$ _____
 - b. Parsonage value (line 1+2 x 30%) \$ _____
- 4. Utilities
 - a. Paid in full by Congregation _____ yes **or**
 - b. Utilities Allowance Paid to Pastor \$ _____
- 5. Furnishing Allowance Paid to Pastor \$ _____

TOTAL DEFINED COMPENSATION (Add lines 1-5) \$ _____

B. REIMBURSEMENTS

Required:

- 1. Travel
 - Annual Allowance **or** \$ _____
 - Per Mile Reimbursement (IRS allowance) \$ _____ per mile
- 2. Official required meetings (Synod Assembly & Fall Conference) \$ _____
- 3. Continuing Education (\$900 recommended) \$ _____
- 4. Moving Expenses _____

Recommended:

- 1. Publications and Professional Expenses (\$700 recommended) \$ _____
- 2. Amount set aside annually for Sabbatical Leave (\$400 recommended) \$ _____
 This is set aside by the congregation to pay for coverage while pastor is on sabbatical.

C. BENEFITS

To calculate pension & medical, go to

<https://employerlink.porticobenefits.org/Resources/Calculators/BenefitsCostCalculator.aspx>.

- 1. Required Pension Contributions
 Indicate percentage: 10% 11% 12% (% x Total Defined Compensation) \$ _____
- 2. Medical, Dental, Disability, Survivor Benefits
 - Plan Option: (Platinum+; Gold+; Silver+ A, B or C; Bronze+ A, B or C) _____
 - Member only Member & spouse Member & children
 - Member, spouse, children Coverage waived \$ _____

C. BENEFITS (continued)

- 3. Housing Equity Allowance paid as optional pension, Additional pension, annuities (only applicable when a parsonage is provided) \$ _____
- 4. Reimbursement for medical expenses not covered by medical plan up to \$ _____
- 5. Vacation Four weeks including four Sundays
- 6. Continuing education Two weeks including two Sundays
- 7. Sabbatical Leave ___ weeks after ___ years of service in this congregation
- 8. Maternity/Paternity or Adoptive leave of _____ weeks with full salary, housing, and benefits. (recommended 6 weeks; 4 weeks minimum for primary caregiver, 2 weeks for secondary caregiver)

D. AGREEMENTS

YES NO

- 1. We presently have or will establish a Mutual Ministry Committee. _____
- 2. Council with pastor will establish an annual Continuing Education Covenant. _____
- 3. When calling a new seminary graduate, congregation will participate in First Call Theological Education Program. _____
- 4. Congregation will encourage participation in a "Colleague Group". _____
- 5. Congregation has or will establish a Sabbatical Leave Policy. _____
- 6. Other _____

E. OTHER PROVISIONS

- 1. During this time period, the pastor will give special attention in ministry to the following:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
- 2. The congregation will encourage this pastor's ministry in the following ways:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
- 3. Other matters:

CONTACT PERSON:

Name: _____
Address: _____
Phone: _____ (home) _____ (work)