

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

Congregation(s) _____

Name of Pastor _____

Effective Date: from _____ to _____
(Only if a term call)

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 _____ | | |

(Note: Under the current federal tax code, moving expenses are considered a fringe benefit and must be included as taxable income on the pastor's W-2)

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) _____ | | |
| | <input type="checkbox"/> Member only <input type="checkbox"/> Member & spouse <input type="checkbox"/> Member & children | | |
| | <input type="checkbox"/> Member, spouse, children <input type="checkbox"/> 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)