**APPENDIX J**

**SAMPLE FORM FOR TERMS OF CALL**

Subject to the approval of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Presbytery, the \_\_\_\_\_\_\_\_\_\_ (*Session, or Congregation, or Session on behalf of the congregation*) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Church in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ earnestly calls you, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to undertake the office of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in our congregation, promising you, in the discharge of your duty, all proper support, encouragement and obedience in the Lord. That you may be free from worldly care and avocations, we hereby promise and oblige ourselves to provide you with the following:

Annual Cash Salary & Housing Allowance, paid \_\_\_\_\_\_\_\_\_ (*semi-monthly, etc.*) $ \_\_\_\_\_\_\_\_\_\_

The amount/portion dedicated to housing allowance will be determined by the Minister and approved by the Session before employment with the church in this new position and shall be reviewed prior to each fiscal year.

Primary Benefits

Social Security/Medicare Allowance: \_\_\_\_ % of salary + housing $ \_\_\_\_\_\_\_\_\_\_

Medical Insurance &/or Medicare Supplement Insurance (specific $ amount) $ \_\_\_\_\_\_\_\_\_\_

Retirement Savings: \_\_\_ % of salary + housing $ \_\_\_\_\_\_\_\_\_\_

Long Term Disability Insurance: enough to replace \_\_\_% of salary + housing $ \_\_\_\_\_\_\_\_\_\_

Life Insurance: amount equal to \_\_\_\_ x (salary + housing) $ \_\_\_\_\_\_\_\_\_\_

Equity Allowance if Minister living in a manse $ \_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

Secondary Benefits

Dental Insurance $ \_\_\_\_\_\_\_\_\_\_

Vision Insurance $ \_\_\_\_\_\_\_\_\_\_

Long Term Care Insurance $ \_\_\_\_\_\_\_\_\_\_

Temporary Benefits

Relocation expenses reimbursed up to a maximum of: $ \_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

Miscellaneous Paid Leaves per year. (Any specific church policies are described in a separate document.)

Vacation \_\_\_ days Sick Leave \_\_\_ days

Educational Leave \_\_\_ days Paternity Leave \_\_\_ days

Sabbatical Leave accrual \_\_\_ days Funeral Leave \_\_\_ days

Any reimbursement of reasonable and necessary business expenses shall be in accord with a Session-adopted Accountable Reimbursement Plan, with a maximum amount specified in the annual church budget.

I, having moderated the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Session or Congregational)* meeting which extended a call to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for his ministerial services, do certify the call has been made in all respects according to the rules in the PCA *Book of Church Order* and the persons who signed the call were authorized to do   
so by vote of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Session or Congregation)*.

(*Check if applicable*) \_\_\_ Authority to approve these Terms wasdelegated by the Congregation to the Session at a congregational meeting on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

Meeting Moderator (sign) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone or e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vote: # Yes = \_\_\_\_\_\_ # No = \_\_\_\_\_\_

Minister-Elect (sign) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_