

# Definition of Compensation, Benefits, and Responsibilities for Rostered Leaders



Prepared by \_\_\_\_\_ for the Rev. \_\_\_\_\_  
 on a \_\_\_\_\_ full or \_\_\_\_\_ Part-time basis from \_\_\_\_\_ to \_\_\_\_\_

## A. ANNUAL DEFINED COMPENSATION: The congregation will provide the following annual compensation:

NO PARSONAGE PROVIDED (If you provide a parsonage, please skip to the next section.)	
1. Annual base salary .....	\$ _____
2. Designated housing allowance (payments to pastor).....	\$ _____
<b>3. Subtotal (Lines 1 + 2).....</b>	<b>\$ _____</b>
4. Social Security (FICA) tax allowance (7.65% of Line 3) .....	\$ _____
<b>5. Total Annual Defined Compensation (Lines 3 + 4) .....</b>	<b>\$ _____</b>

(Continue at B. ELCA Pension and Other Benefits below)

PARSONAGE PROVIDED.	
1. Annual base salary.....	\$ _____
2. Social Security (FICA) tax allowance (7.65% of Line 1) .....	\$ _____
<b>3. Subtotal (Lines 1 + 2) .....</b>	<b>\$ _____</b>
4. 30% of Line 3 (used only for benefits calculations) .....	\$ _____
5. Household furnishings and utilities allowances (optional).....	\$ _____
<b>6. Total Annual Defined Compensation (Lines 3 + 4 + 5) .....</b>	<b>\$ _____</b>
7. Annual payments to pastor in parsonage (Line 6 minus Line 4) .....	\$ _____

(Continue at B. ELCA Pension and Other Benefits below)

## B. ELCA PENSION AND OTHER BENEFITS:

The congregation will sponsor the pastor in the Pension and Other Benefits Program of the Evangelical Lutheran Church in America, which provides disability, survivor, and medical-dental coverage. Please refer to the calculators at Portico Benefit Services: (<https://employerlink.porticobenefits.org/Home/Resources/Calculators.aspx>) to complete this section. (Sponsorship will include medical-dental coverage for the pastor's spouse and children unless they have other employer-provided group medical insurance coverage and the pastor consents to waiving medical-dental coverage for them under the ELCA Pension and Other Benefits Program.)

1. Employer Retirement Contribution (10% x Total Annual Defined Compensation).....	\$ _____
2. Health Coverage, including Dental (please check <b>one</b> ):.....	\$ _____
<input type="checkbox"/> Member only <input type="checkbox"/> Member and spouse <input type="checkbox"/> Member and children <input type="checkbox"/> Member, spouse, and children <input type="checkbox"/> Coverage waived	
3. Required contributions (*) and other benefits:	
a. Disability* ( <u>  3  </u> % x Total Annual Defined Compensation) .....	\$ _____
b. Basic Group Life* ( <u>  2  </u> % x Total Annual Defined Compensation).....	\$ _____
c. Retiree support* ( <u>  0  </u> % x Total Annual Defined Compensation) .....	\$ _____
d. Other (optional) .....	\$ _____
<b>4. Total Pension and Other Benefits (Lines 1 + 2 + 3.a-d).....</b>	<b>\$ _____</b>
<b>5. TOTAL COMPENSATION PAYMENTS: NO PARSONAGE (Line A.5 + Line B.4)</b>	
<b>OR WITH PARSONAGE (Line A.7 + Line B.4).....</b>	<b>\$ _____</b>

## C. EXPENSES

The congregation will provide for the following expenses related to this pastor's ministry.

1. Automobile and travel allowance:	\$ _____
2. Other professional expenses:	\$ _____
3. Expenses for <b>required</b> meetings of the synod (Synod Assembly, Theological Conf.)	\$ _____
4. Continuing education (\$1,000 recommended; minimum \$750 from calling source)	\$ _____
Other _____	\$ _____
6. Pay the moving expenses to this field of service as follows: _____	

## D. AGREEMENT

1. Vacation time of \_\_\_\_\_ per year, including \_\_\_\_\_ Sundays;

2. Continuing education time of \_\_\_\_\_ weeks per year (*recommended minimum of two weeks per year that may accumulate up to three years, as reflected in a continuing-education agreement developed by the pastor and congregation council*);
3. Congregation agrees to pay for all First-Call Theological Education program, where applicable;
4. Congregation agrees to pay for and require boundaries training for rostered leaders.
5. Congregation agrees to pay for and require racism training for rostered leaders.
6. Ongoing care through a Mutual Ministry Committee;
7. Up to two months of continued salary, housing, and contributions to the ELCA Pension and Other Benefits Program in a 12-month period in the event that the pastor is physically or mentally disabled (*Provision may be made for further unpaid time for disability recovery as agreed by the congregation, but with the stipulation that unused accumulated sick leave will not be compensated at the end of this call.*); and
8. Where applicable, parental leave up to six weeks with full salary, housing, and benefits.

**A detailed description of responsibilities of this position should be attached to this "Definition of Compensation, Benefits, and Responsibilities" form in addition to the completion of this form.**

**E. OTHER PROVISIONS**

Special emphases of the pastor and special encouragement by the congregation:

1. During this time period, the pastor will give special attention in ministry to the following:
  - (a) \_\_\_\_\_
  - (b) \_\_\_\_\_
  - (c) \_\_\_\_\_
2. The congregation will encourage this pastor's ministry in the following ways:
  - (a) \_\_\_\_\_
  - (b) \_\_\_\_\_
  - (c) \_\_\_\_\_

**F. OTHER MATTERS**

(Ex: accountabilities, service on synod or churchwide committees, work in church-camp programs, other)

\_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

**We, the undersigned, certify that the necessary approvals of the congregation and congregation council have been granted for the provisions set forth above.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Congregation President

\_\_\_\_\_  
Council Secretary

**I certify that I accept the above statement:**

The Rev. \_\_\_\_\_

Date: \_\_\_\_\_