



PASTORAL CALL

**Directions: to move from field to field within the document,
use the Tab key to advance and the Shift + Tab to reverse**

THE CALL AND ACTION OF THE CONGREGATION:

The _____ Presbyterian Church, of _____ Iowa, of the Presbytery of East Iowa, being well satisfied with your qualifications for ministry and confident that we have been led to you by the Holy Spirit as one whose service will be beneficial to the spiritual interests of our church and fruitful for the Kingdom of our Lord, earnestly and solemnly calls you _____ to undertake the office of (click one) ☐ pastor, ☐ co-pastor, or ☐ associate pastor of this congregation, beginning _____ (date) promising you in discharge of your duty all proper support, encouragement, and allegiance in the Lord. That you may be free to devote yourself (click one) ☐ full time, or ☐ _____ % of full time to the ministry of the Word and Sacrament among us, we promise and obligate ourselves to provide the following annually:

Reportable to the IRS as Income:

Cash Salary <i>in equal monthly payments of</i>	\$ _____	\$ _____
Supplement for Social Security and Medicare		\$ _____
Income reportable to the IRS (<i>Other items in the Call may be reportable</i> <i>Seek advice of a qualified tax expert in all matters relating to taxes.</i>)		\$ _____

Other Compensation:

Deferred compensation <i>in monthly installments of</i>	\$ _____	\$ _____
Other compensation <i>Specify</i> _____		\$ _____

Allowances & Reimbursements up to Amounts Entered & Fair Rental Value of a Manse:

Housing Allowance	\$ _____
Fair Rental Value (FRV) of rent-free use of a Manse	\$ _____
Manse Allowance <i>Examples: repairs, maintenance and/or furnishings</i>	\$ _____
Utilities paid by the church, or as an allowance, or reimbursed	\$ _____
Medical/Dental Reimbursement Allowance	\$ _____

Paid Time Off:

_____ Weeks paid annual vacation <i>four weeks minimum</i>	
_____ Weeks paid annual continuing education <i>two weeks min; cumulative up to _____ wks</i>	
_____ Weeks paid maternity/paternity leave per occurrence <i>6 wks maternity/6 wks paternity</i>	

Board of Pensions Benefits:

Full pension, medical, disability and death benefit coverage under the Benefits Plan of the Presbyterian Church (U.S.A.) and designed and administered by the Board of Pensions.

Expenses of Ministry:

It is understood that the following expenses of ministry will be reimbursed through an accountable plan up to the annual amounts listed below:

Mileage expense for use of personal car at IRS allowable rate in effect at time car is used	\$ _____ Dependent on miles driven
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Continuing education expenses **\$1,000 Min; cumulative up to** _____ **years** \$ _____
Professional expenses of ministry **\$500 Minimum** \$ _____
We will pay moving expenses to transport personal belongings up to \$ _____

We further promise and obligate ourselves to review with you annually the adequacy of this compensation.

We declare equal opportunity guidelines of the Presbytery of East Iowa were followed in seeking this pastor.

In testimony whereof we have subscribed our names this _____ **day of** _____ , _____

Persons elected by the congregation to sign the Call (*signatures*):

_____	_____
_____	_____
_____	_____

Having moderated the congregational meeting which extended this Call for ministerial services, I do certify that the Call has been made in all respects according to the rules laid down in the Current Book of Order, and that the persons who signed the foregoing Call were authorized to do so by vote of the congregation of the _____
Presbyterian Church (U.S.A.), Presbytery of East Iowa.
foregoing Call were authorized to do so by vote of the congregation of the _____
Presbyterian Church (U.S.A.), Presbytery of East Iowa.

Signed _____ Moderator of the Congregational Meeting

ACTION OF PRESBYTERY OF EAST IOWA:

This Call has been reviewed by Ministers and Congregations Commission and it recommends Presbytery approval.

Date of Action: _____ Signed: _____ MCC Moderator

This Call was approved by Presbytery.

Date of Action: _____ Signed: _____ Stated Clerk

This Call was approved by the Presbytery of East Iowa through action taken by its Ministers and Congregations Commission.

Date of Action: _____ Signed: _____ Stated Clerk

The Ministers and Congregations Commission of the Presbytery of East Iowa shall provide the new minister with a plan of integration and mentoring into the life and ministry of the Presbytery.

ACTION OF MINISTER'S/CANDIDATE'S PRESBYTERY:

This Call has been reviewed by the *(click one)* ☐ Committee on Ministry or ☐ Committee on Preparation for Ministry and it recommends that Presbytery find it expedient to release _____ to accept this Call.

Date of Action: _____ Signed: _____ COM Moderator

The Presbytery of _____ hereby finds it expedient to release _____ to accept this Call and therefore has placed this Call in the minister's/candidate's hands.

Date of Action: _____ Signed: _____ Stated Clerk

This Presbytery of _____ through action taken by its *(click one)* ☐ Committee on Ministry or its ☐ Committee on Preparation for Ministry, hereby finds it expedient to release _____ to accept this Call and, therefore, has placed this Call in the minister's/candidate's hands.

Date of Action: _____ Signed: _____ Committee Moderator

ACCEPTANCE OF THE CALL:

This is to certify that I have received and accepted the Call.

Date of Acceptance: _____ Signed: _____ Candidate or Minister

Please send completed call form to the Stated Clerk of the Presbytery of East Iowa at statedclerk@peia.org