



# Definition of Compensation, Benefits, and Responsibilities of the Pastor

Congregation/Parish Name \_\_\_\_\_

Prepared for the Reverend \_\_\_\_\_

on a \_\_\_\_ full- or \_\_\_\_-time basis for the period \_\_\_\_\_ to \_\_\_\_\_.

## A. COMPENSATION

The congregation will provide the following annual compensation:

- 1. Base Salary \$ \_\_\_\_\_
- 2. Housing Allowance (*if provided*) \$ \_\_\_\_\_
- 3. Self-employed Social Security payment allowance (*if provided*) \$ \_\_\_\_\_
- 4. If a parsonage or other housing is provided:
  - a. Utilities allowance \$ \_\_\_\_\_
  - b. Furnishings allowance \$ \_\_\_\_\_
  - c. Housing equity allowance \$ \_\_\_\_\_

## B. PENSION AND OTHER BENEFITS

The congregation will sponsor the pastor in the Pension and Other Benefits Program of the Evangelical Lutheran Church in America (Portico), which provides retirement, disability, survivor, and medical-dental coverage. (*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. ELCA Pension at \_\_\_\_\_ % of defined compensation \$ \_\_\_\_\_
- 2. ELCA Medical-and-Dental Insurance (*please check one*):
  - Member only \$ \_\_\_\_\_
  - Member and spouse \$ \_\_\_\_\_
  - Member and children \$ \_\_\_\_\_
  - Member, spouse, and children \$ \_\_\_\_\_
  - Coverage waived
- 3. Other insurance or benefits:
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_

## 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 (cell phone) \$ \_\_\_\_\_
- 3. Expenses for official meetings of the synod \$ \_\_\_\_\_
- 4. Continuing education (*\$1,000 recommended; minimum \$700 from calling source*) \$ \_\_\_\_\_
- 5. Other \_\_\_\_\_ \$ \_\_\_\_\_
- 6. Pay the moving expenses to this field of service as follows: \_\_\_\_\_  
\_\_\_\_\_



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## 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 be accumulated up to three years, as reflected in a continuing-education agreement developed by the pastor and congregation council*);
3. Participation in a First-Call Theological Education Program, where applicable;
4. Ongoing care through a Mutual Ministry Committee;
5. Up to two months of continued salary, housing, and contributions to the ELCA Pension and Other Benefits Program (Portico) 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
6. Where applicable, parental leave up to six weeks with full salary, housing, and benefits.

*A description of the particular responsibilities of this position may be attached to this "Definition of Compensation, Benefits, and Responsibilities" form OR the following may be completed.*

## 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) \_\_\_\_\_
  - (d) \_\_\_\_\_
2. The congregation will encourage this pastor's ministry in the following ways:
  - (a) \_\_\_\_\_
  - (b) \_\_\_\_\_
  - (c) \_\_\_\_\_
  - (d) \_\_\_\_\_

## F. OTHER MATTERS

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

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

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**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 Reverend \_\_\_\_\_

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

Note: Retain originals in a record for the congregation/parish. Make a copy for the pastor. Send a copy to the synod office.  
A description of the particular responsibilities of this position may be attached to this document.