**JOHN CALVIN PRESBYTERY**

**2022 MINISTER REPORT**

***Please note if none of your information (including phone number & email address) has changed from last year’s form. Otherwise, please provide new information.***

FULL NAME:

CHURCH / EMPLOYER NAME:

HONORABLY RETIRED DATE:

CHURCH / EMPLOYER ADDRESS:

HOME ADDRESS: HOME PHONE:

WORK PHONE: CELL PHONE:

EMAIL ADDRESS:

BIRTHDATE: ETHNICITY:

SPOUSE’S FULL NAME :

SPOUSE’S CELL PHONE: ANNIVERSARY DATE:

CHILDREN (Names, ages):

EMERGENCY CONTACT (Name, phone number):

DATE OF ORDINATION:

PRESBYTERY OF ORDINATION:

DENOMINATION OF ORDINATION, IF NOT PC(USA):

DID YOU TAKE YOUR VACATION **TIME** LAST YEAR?

DID YOU USE YOUR CONTINUING EDUCATION **TIME** LAST YEAR?

**Participation in Continuing Education for 2021**

*This information will be provided to the Committee on Ministry, which has the responsibility to support*

*continuing education for ministers of the presbytery.*

\_\_\_\_\_ I completed the **JCP Mandatory Boundaries Training** for 2021.

\_\_\_\_\_ I did not participate in continuing education for 2021.

\_\_\_\_\_ I participated in the following continuing education for 2021.

\_\_\_\_\_ I reported my continuing education for 2021 to the Session.

|  |  |  |
| --- | --- | --- |
| Continuing Education Event | Amount of Time Involved | Sponsoring Organization |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*(Use additional sheets if needed)*

**Please complete the 2022 Terms of Call form on the next page...**

**then return the completed report by February 7, 2022 to:**

**Gail Wilson:** [**gwilson@jcpresbytery.com**](mailto:gwilson@jcpresbytery.com) **or by USPS mail: P.O. Box 1083, Aurora, MO 65605**

**Questions?** Contact Stated Clerk **Beth Kick** **(417-425-7604;** [**bkick@jcpresbytery.com**](mailto:bkick@jcpresbytery.com) **)**

**or** Recording Clerk **Gail Wilson (417-838-4402;** [**gwilson@jcpresbytery.com**](mailto:gwilson@jcpresbytery.com) **)**

**REPORT OF 2022 TERMS OF CALL JOHN CALVIN PRESBYTERY**

**MINISTER: CHURCH:**

**CITY:**

**CHURCH EMPLOYER IDENTIFICATION NUMBER ( EIN ):**

Check all that apply:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | FULL TIME |  | PART-TIME*-Please specify percentage of time* |  | ¾ TIME |
|  | PASTOR |  | ¼ TIME |  | STATED SUPPLY |
|  | CO-PASTOR |  | 1/3 TIME |  | COMMISSIONED RULING ELDER |
|  | INTERIM PASTOR |  | ½ TIME |  | OTHER |

**COMPENSATION** *(Subject to Board of Pension Dues)*

|  |  |  |
| --- | --- | --- |
| 1 | $ | Annual Cash Salary |
| 2 | $ | Housing allowance |
| 3 | $ | Deferred Income |
| 4 | $ | Bonuses, lump sum allowances, gifts, etc. |
| 5 | $ | Other: |
| 6 | $ | Fair Rental value of manse ( or at least 30% of lines 1 – 5 ) |
| 7 | $ | Total Effective Salary ( Lines 1-6)… [Presbytery Minimum $ 43,750.00 if full-time ] |
| 8 | $ | Board of Pensions Dues ( 37% of line 7 ) |

**ACCOUNTABLE REIMBURSEMENT PLAN** *(* *Voucher expenses )*

|  |  |  |
| --- | --- | --- |
| 9 | $ | Continuing Education Allowance [ Minimum: $ 1,500.00 ] |
| 10 | $ | Automobile: Check One: IRS rate\*\* Car with full expenses |
| 11 | $ | Professional Expenses\* |
| 12 | $ | Social Security Tax supplemental income |
| 13 | $ | Medical deductible, coinsurance payments, dental |
| 14 | $ | Other: |
| 15 | $ | Total Cost to church budget ( Lines 7 – 14 ) |
| 16 |  | Continuing Education leave [ Minimum two weeks ] |
| 17 |  | Vacation leave [ Minimum four weeks ] |
| 18 |  | Sabbatical Leave Allowance [ See sabbatical leave policy ] |

Rental value of manse is the larger of fair rental value or 30% of the total of all other amounts in Compensation, items 1-5.

\*Professional expense reimbursements paid through an Accountable Expense Reimbursement Plan are listed under Professional Expenses. Reimbursements paid through a non-accountable plan are to be listed as Salary.

**\*\***IRS maximum allowable mileage reimbursement for 2022 is $0.585 per mile.

**The session has reviewed the adequacy of compensation with minister? Yes\_\_\_ No\_\_\_**

**The session has conducted an annual performance review of the minister? Yes\_\_\_ No\_\_\_**

Date of congregational approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(If the congregation has not yet acted on the terms, send the completed form anyway. Send corrections later if any are made.)*

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minister Clerk of Session

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