

**The Presbytery of New Covenant**

**Compensation Report Form 2025 (revised 12-15-2024)**

**Note: Compensation changes must also be reported online to the Board of Pensions using Benefits Connect.**

**Church Name and City** \_\_\_\_\_

**Minister's Name & Date Ordained** \_\_\_\_\_

**If Part-Time, Indicate Fraction or Percentage of Full-Time** \_\_\_\_\_

**PART ONE: Compensation Subject to Board of Pensions Dues**

<b><i>Effective Salary</i></b>	<b>Existing Terms</b>	<b>New Terms</b>
a. Annual Cash Salary	\$ _____	\$ _____
b. Housing, Utility and Furnishings Allowance (AS DETERMINED BY PASTOR)	\$ _____	\$ _____
c. Value of Manse ( <i>If Provided</i> )	\$ _____	\$ _____
d. Reimbursement of Self-Employment Contribution Act (SECA) tax obligations ( <b>in excess of 7.65%</b> )	\$ _____	\$ _____
e. Other direct compensation/reimbursement	\$ _____	\$ _____
f. Other Allowances <u>or Insurance Payments</u> , including medical deductible/medical expense reimbursement allowances <u>for additional/ voluntary insurance coverage</u> <u>for individual employees</u> not paid through a group benefit plan.	\$ _____	\$ _____
<b><i>Total Effective Salary (1.a. through 1.f.)</i></b>	<b>\$ _____</b>	<b>\$ _____</b>

**PART TWO: Reimbursed Expenses**

a. Travel Reimbursement @ 2025 IRS Rate <b>\$0.70/mile</b>	\$ _____	\$ _____
b. Books, Professional Expenses, etc.	\$ _____	\$ _____

**PART THREE: Benefits**

a. Board of Pensions Dues	\$ _____	\$ _____
b. Study Leave Allowance ( <i>cumulative for 3 years</i> )	_____	_____
c. Paid Study Leave ( <i>Time is cumulative for 3 years</i> )	_____ weeks	_____ weeks
d. Paid Vacation	_____ weeks	_____ weeks
e. Paid Medical Family Leave (added by GA 2022)	<u>NA</u>	<u>12</u> weeks
f. Other paid group insurance	\$ _____	\$ _____
g. Matching employer contributions to PC(USA) Retirement Savings Plan	\$ _____	\$ _____
h. Reimbursement of (SECA) tax obligation <b><u>up to 7.65%</u></b>	\$ _____	\$ _____

**PART FOUR: Annual Review:** \_\_\_\_\_ **Date Month Annual Review will be held:** \_\_\_\_\_

**PART FIVE: Effective Date OF Terms of Call:** \_\_\_\_\_

**Date of Congregational Meeting:** \_\_\_\_\_

**Moderator:** \_\_\_\_\_ **Clerk:** \_\_\_\_\_ **Revised**

**SUBMIT THIS FORM TO [dbwilson@phyofnewcovenant.org](mailto:dbwilson@phyofnewcovenant.org) or COM 4803 San Felipe St., Houston, 77056**