

**The Presbytery of New Covenant  
Pastor Compensation Report Form 2023**

*To help you, please use the Compensation Report Form Worksheet before filling out this form/ keep worksheet for your record.*

**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**

<i>Effective Salary</i>	<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 line 3.g</b> )	\$ _____	\$ _____
e. Other direct compensation/reimbursement ( <b>See Compensation Worksheet for details</b> )	\$ _____	\$ _____
f. Other Allowances <u>or Insurance Payments</u> , including medical deductible/medical expense reimbursement allowances <u>for</u> <u>additional/ voluntary insurance coverage for individual</u> <u>employees</u> not paid through a group benefit plan.	\$ _____	\$ _____
<b>Total Effective Salary (1.a. through 1.f.)</b>	\$ _____	\$ _____

**PART TWO: Reimbursed Expenses**

a. Travel Reimbursement @ <i>Current IRS Rate \$0.655</i>	\$ _____	\$ _____
b. Books, Professional Expenses, etc.	\$ _____	\$ _____

**PART THREE: Benefits**

a. (1) <b>Board of Pensions Dues</b> <i>For Installed Pastors Full Participation for 2023 is 39%</i> <b>PLEASE SEE WORKSHEET AND BOP PUBLICATIONS FOR ADDITIONAL GUIDANCE ON BOP DUES.</b>	\$ _____	\$ _____
a.(2) <b>Minister's Choice 10% of Effective Salary</b>	\$ _____	\$ _____
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. Other paid group insurance	\$ _____	\$ _____
f. Matching employer contributions to PC(USA) Retirement Savings Plan	\$ _____	\$ _____
g. Reimbursement of Self Employment Contribution Act (SECA) tax obligation <b>UP TO 7.65%</b> ( <b>See Compensation Worksheet</b> )	\$ _____	\$ _____

**PART FOUR: Annual Review**

Date Annual Review will be held: \_\_\_\_\_

**PART FIVE: Effective Date**

The Effective Date of Terms of Call (*Date*): \_\_\_\_\_

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

**Moderator:** \_\_\_\_\_ **Clerk:** \_\_\_\_\_ Revised 10/6/2020

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



**The Presbytery of New Covenant**  
**Annual Review Report**  
[Due by July 1 in any year in which Compensation Report Form  
not filed, to verify that an annual review has been conducted]

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

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

If a compensation report form containing the date of the annual review of the minister and the date of the congregational meeting considering the terms of call has not been filed by July 1 of any year, the moderator and the clerk of shall file this report by July 1 for each minister.

**NOTE: A change in the amount Dues paid to the Board of Pensions is viewed as a change in terms of call.**

\_\_\_\_\_ Date the session conducted a review of the pastor's terms of call  
(Book of Order G-2.0804).

We certify that the terms of call meet or exceed the minimum requirements established by The Presbytery of New Covenant.

**Clerk of Session:** \_\_\_\_\_

**Moderator of Session:** \_\_\_\_\_

**Date of report:** \_\_\_\_\_

**RETURN TO:**  
**Committee on Ministry**  
**4803 San Felipe St, Houston, TX 77056**  
**713/526-2585**  
**By email: [mcurrie@pbyofnewcovenant.org](mailto:mcurrie@pbyofnewcovenant.org)**