## Definition of Compensation, Benefits, Responsibilities of the Rostered Leader and Congregation

Pacifica Synod of the Evangelical Lutheran Church in America

	ed by				
or	_				
	(	Minister of Word and Sacrament Minister of Word and Serv	vice .		
start d	ate	full time three quarter time ha	lf-time		
A.	COMPENS	ATION			
	The cong	regation will provide the following annual compensation:			
	1. Base	e Cash Salary* (housing allowance is designated out of base salary.)	\$		
	2. Hous				
	3. Self-	employed Social Security payment allowance* (if provided)	\$		
	•	arsonage or other housing is provided:			
		tilities allowance	\$		
		urnishing allowance	\$		
	c. H	lousing equity allowance	\$		
	The congregation will sponsor the rostered leader in the Pension and Other Benefits Programs of the Evangelical Lutheran Church in America, which provides retirement, disability, survivor, and medical-dental coverage.  (Sponsorship will include medical-dental coverage for the individual's spouse and children unless they have other employer-provided group medical insurance coverage and the individual consents to waiving medical-dental cover for them under the ELCA Pension and Other Benefits Program.)				
	1. ELCA	Pension at% of defined compensation*	\$		
	/100/	minimum 170/ recommended )			
	-	minimum, 12% recommended.) Medical-and-Dental Insurance (check one below):	\$		
	2. ELCA		\$ e waived		
	2. ELCA	Medical-and-Dental Insurance (check one below):	\$ e waived		
	2. ELCA	Medical-and-Dental Insurance (check one below):  a. member only c. member and children e. coverage	\$ e waived \$		
	2. ELCA	Medical-and-Dental Insurance <i>(check one below):</i> a. member only c. member and children e. coverage  b. member and spouse d. member, spouse and children	\$ e waived \$ \$		
	2. ELCA	Medical-and-Dental Insurance <i>(check one below):</i> a. member only c. member and children e. coverage  b. member and spouse d. member, spouse and children	\$ e waived \$ \$ \$		
C.	2. ELCA	Medical-and-Dental Insurance (check one below):  a. member only c. member and children e. coverage  b. member and spouse d. member, spouse and children  r Insurance or benefits:	\$ e waived \$ \$ \$		
C.	2. ELCA  3. Othe	Medical-and-Dental Insurance (check one below):  a. member only c. member and children e. coverage  b. member and spouse d. member, spouse and children  r Insurance or benefits:	\$ \$ \$		
C.	2. ELCA  3. Othe  EXPENSES The cong	Medical-and-Dental Insurance (check one below):  a. member only c. member and children e. coverage  b. member and spouse d. member, spouse and children  r Insurance or benefits:  Total paid by congregation	\$ \$ \$		
C.	2. ELCA  3. Othe  EXPENSES The cong 1. Auto	Medical-and-Dental Insurance (check one below):  a. member only c. member and children e. coverage  b. member and spouse d. member, spouse and children  r Insurance or benefits:  Total paid by congregation  gregation will provide for the following expenses related to this pastor's	\$ \$ \$ ministry.		
C.	2. ELCA  3. Othe  EXPENSES The cong 1. Auto	Medical-and-Dental Insurance (check one below):  a. member only c. member and children e. coverage  b. member and spouse d. member, spouse and children  r Insurance or benefits:  Total paid by congregation  gregation will provide for the following expenses related to this pastor's mobile and travel Allowance or	\$ \$ \$ ministry.		
C.	2. ELCA  3. Othe  EXPENSES The cong 1. Auto 2. Expe	Medical-and-Dental Insurance (check one below):  a. member only c. member and children e. coverage  b. member and spouse d. member, spouse and children  r Insurance or benefits:  Total paid by congregation  gregation will provide for the following expenses related to this pastor's mobile and travel Allowance or state approved reimbursement per mile	\$ \$ \$ ministry.		
C.	2. ELCA  3. Othe  EXPENSES The cong 1. Auto 2. Expe	Medical-and-Dental Insurance (check one below):  a. member only c. member and children e. coverage  b. member and spouse d. member, spouse and children  r Insurance or benefits:  Total paid by congregation  gregation will provide for the following expenses related to this pastor's mobile and travel Allowance or state approved reimbursement per mile  nses for official meetings of the synod	\$ \$ \$ ministry. \$		
C.	2. ELCA  3. Other  EXPENSES The congrate to th	Medical-and-Dental Insurance (check one below):  a. member only c. member and children e. coverage  b. member and spouse d. member, spouse and children  r Insurance or benefits:  Total paid by congregation  gregation will provide for the following expenses related to this pastor's mobile and travel Allowance or state approved reimbursement per mile  nses for official meetings of the synod for example Theoasis, Theological Day of Understanding, Conference Meetings, Etc.)	\$ \$ \$ ministry. \$		
C.	2. ELCA  3. Other  EXPENSES The congram 1. Auto 2. Expe  (f) 3. Cont 4. First	Medical-and-Dental Insurance (check one below):  a. member only c. member and children e. coverage  b. member and spouse d. member, spouse and children  r Insurance or benefits:  Total paid by congregation  gregation will provide for the following expenses related to this pastor's mobile and travel Allowance or  state approved reimbursement per mile  nses for official meetings of the synod  for example Theoasis, Theological Day of Understanding, Conference Meetings, Etc.)  inuing Education (\$1,000 is recommended)	\$ \$ \$ ministry. \$		

Ag	REEMENT				
1.	Vacation time of days per year, including Sundays (28 days standard)				
	or weeks, including Sundays. (4 weeks standard)				
2.	Continuing Education time of weeks per year (a minimum of two weeks per year that may be accumulated up to three years, as reflected in a continuing education agreement developed by the rostered leader and the congregational council.)				
3.	. Participation in First Call Theological Education Programs (rostered leaders in their first call)				
4.	Ongoing care through a Mutual Ministry Committee (made up of members chosen per the pastor with recommendations from the church council in the first 90 days of the call.)				
5.	Up to two months of continued salary and contributions to the ELCA Pension and Other Benefits Program in a 12 month period in the event that the rostered leader is physically or mentally disabled*				
6.	Maternity/Paternity or Adoptive leave of weeks with full salary, housing, and benefits (recommended 6 weeks; 4 weeks minimum).				
7.	Additional time off: When a rostered leader is called part-time additional vacation, including Sundays should be added to the compensation. This may be done creatively in consultation with the rostered leader. It may take the form of extra weeks during the year, every fifth Sunday off in addition to vacation Sundays, additional continuing education, etc.				

D.

\*Provision may be made for further unpaid time for disability as agreed by the congregation, but with the stipulation that unused accumulated sick leave will not be compensated at the end of this call.

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

(Or the following may be completed)

Spe 1.	ecial emphases of the rostered leader and special encouragement by the congregation:  During this time period, the rostered leader will give special attention to the following:				
	(a)				
	(b)				
	(d)				
	(e)				
2.	The congregation will encourage, support, and participate in the ministry and mission of the congregation in the following ways:  (a)				
	(b)				
	(c)				
	(d)				
3.	Other Matters				
	Such as accountabilities, service on synodical or churchwide boards and committees, work in church-camp programs, or other details.				

E. OTHER PROVISIONS

congregational council have been granted for t	he provisions set forth above.
	Congregation President
	Church Council Secretary
	Date
certify that I accept the above statement:	
Rostered Leader	Date of Signature

We, the undersigned certify that the necessary approvals of the congregation and the

Note: Retain the original in the records of the congregation. Make a copy for the rostered leader. As a matter of information, send a copy to the synod office. A description of the particular responsibilities of this position may be attached to the "Definition of "Compensation, Benefits, and Responsibilities."

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