

Form 4
THE JOHN KNOX PRESBYTERY

Annual Review of the Terms of Call

The Clerk of Session should complete and return this report by February 15, 2027 to: comcoordinator@jknox.org. Remember, changes in salary must be reported to the Board of Pensions by the church treasurer.

Name of Church _____

Church Telephone _____ Church Email _____

Clerk of Session _____ Best Contact for Clerk _____

NAME OF TEACHING ELDER _____

☐ Full-time

☐ Part-time (____ hours per week OR ____ percentage of full-time)

2026 Compensation

1. \$ _____ Salary (include cash salary, including employee contributions to 403(b)(9) plans, tax-sheltered annuity plans, salary reduction to flexible spending accounts and cafeteria plans.
2. \$ _____ Housing, utility, and furnishings allowances.
3. \$ _____ Employing organization contributions to 403(b)(9) plans, tax-sheltered annuity plans, equity allowances.
4. \$ _____ Bonuses, overtime pay, unvouchered professional expense allowances, gifts from employing organization, manse equity allowances (unless contributed to a qualified deferred-compensation program). Include year-end or other bonuses, unvouchered allowances, down payment grants for the purchase of a home, savings from interest-free or reduced interest loans (not loan principle) and paid by the employing organization.
5. \$ _____ Other allowances. Include all other forms of compensation not otherwise covered on lines 1-4, including medical deductible and medical expense reimbursement allowances.

6. \$ _____ Manse amount (must be at least 30% of lines 1-5 for members residing in employer-provided housing).

7. \$ _____ Sum of 1-6 (**Effective Salary**)

Other Ministerial Expenses

8. \$ _____ Employers Portion of SECA (7.65 % of effective salary as set aside)

9. \$ _____ Other Vouchered Allowances (including continuing education of at least \$600, professional expenses, any other vouchered accounts except mileage)

10. \$ _____ Full Participation in Board of Pensions (medical, pension and salary protection package). Required of all calls. Enter the amount for either the Transitional or the Congregational Pastors package, whichever is offered by your congregation.

11. \$ _____ Other Employer Supplied Insurance (employer contributions family or spouse coverage not included in the transitional pastors package, employer covered dental, vision, or other insurance)

12. \$ _____ Sum of lines 8-11 (Total other ministerial expenses)

13. \$ _____ Sum of Line 7 & 12 **Total Compensation** (must be at least \$90,894.24)

14. \$ _____ Mileage Reimbursement Allowance at the IRS Allowable Rate

Name (please print) _____ Clerk of Session

Signature _____ Date _____