

TEACHING ELDER TERMS OF CALL REPORT

EPC Presbytery of the Pacific Southwest



Name of Teaching Elder :	Name of Church/Ministry (if any):		
Home Address of Teaching Elder :	Address of Church/Ministry:		
Terms of Call	2018	2019	Changes + or -
1. *Salary (excluding housing)			
2. *Housing			
TOTAL GROSS SALARY (Items 1&2)			
3. *Mileage and Other Expense Allowances			
4. *Health Insurance Premiums Paid by Church/Ministry			
5. *Pension Amount in Dollars (minimum 10% gross salary)			
6. *Number of Vacation Weeks (four weeks minimum)			
7. *Number of Study Leave Weeks per Year (two week minimum, cumulative up to six weeks)			
8. *Other Benefits			
a. Continuing Education			
b. Misc. Insurance (Dental, Life, Disability, AD&D)			
c. Cell Phone/Internet			
d. Other:			

Current Terms Approved by Session on (date):

Effective Date:

** Items which must be reviewed annually by the Ministerial Committee in accordance with the Book of Government and General Assembly action.*

TEACHING ELDER ANNUAL REPORT

EPC Presbytery of the Pacific Southwest



This report should be submitted to the Presbytery Office annually along with the Terms of Call Report

For year: 2019

Name of Minister:

Church/Ministry:

Length of Ministry at above church/ministry:

Please tell us about... (if using paper form, use separate sheet for additional information)

Your ministry in the past year (begin below):

Significant challenges you faced:

What you anticipate in this upcoming year of ministry:

How the Presbytery can better support you:

Any problems or concerns you have:

Do you continue to find yourself in accord with the vows you assumed at ordination? Yes No

Have you had a Performance Review by your Session in the last calendar year? Yes No

Describe how your Session fulfilled the requirement for new officers to "provide adequate opportunity for those elected to office to prepare themselves for their ministry," and how the Session did "make provision for courses of instruction in the following matters: Church government, the Sacraments, the Faith of the Church, the Worship of the Church, the Discipline of the Church, the History of the Church, and an understanding of the office to which one is elected" for new ruling elders and deacons? [BoG 11-3. A and B]

TEACHING ELDER ANNUAL REPORT

(continued)

What is your annual vacation benefit?

What percentage of that benefit did you use this year?

What is your annual study leave benefit?

What percentage of that benefit did you use this year?

Are you accumulating this study leave in order to take a six-week study leave? Yes No

Are you covered by the EPC medical plan? Yes No

If "Yes," do you participate in the EPC Wellness Program? Yes No

If "Yes," did you receive your free annual physical this year? Yes No

Are you covered by the EPC dental plan? Yes No

If "Yes," did you receive your free annual dental exam this year? Yes No

Are you covered by the EPC vision plan? Yes No

If "Yes," did you receive your free annual vision test this year? Yes No

Do you participate in the EPC retirement plan? Yes No

If "Yes," did you consult with a Fidelity retirement advisor this year? Yes No

Signature (if using the fillable form, type name to sign)

Date

Name

Please update the information on the following page before saving and sending this form. If using the fillable form, **save under a new name before returning the file** (or it will not transfer correctly)!

Please return this form to Mark Eshoff, Stated Clerk, Presbytery of the Pacific Southwest at mark@epcpops.org, or fax it to (916) 452-2160, or mail it to Presbytery of the Pacific Southwest, 5770 Carlson Dr., Sacramento, CA 95819 no later than **February 28, 2019.**

Revised: January 2019

MEMBER / CHURCH INFORMATION UPDATE

EPC Presbytery of the Pacific Southwest



Name	
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Name of Church or Ministry	
Church/Ministry Physical Address (Street, City, State, Zip)	
Mailing Address (if different) (Street, City, State, Zip)	
Office Phone (Ext)	
Church/Ministry General E-mail	
Personal Church/Ministry E-mail	
Church/Ministry Website	

Administrative Assistant	
Administrative Assistant E-mail	

*Home Address	
*Phone	<input type="checkbox"/> Home <input type="checkbox"/> Mobile
*Home/Personal E-mail	
Spouse Name	
Other Information	

Clerk of Session Name	
Clerk of Session E-Mail	
Clerk of Session Phone	

PLEASE CHECK THE APPROPRIATE:		
<input type="checkbox"/> Serving in a POPS Church	<input type="checkbox"/> Associate Member- Retired	<input type="checkbox"/> Associate Member
<input type="checkbox"/> Administrative Member	<input type="checkbox"/> Serving Outside the Boundaries	<input type="checkbox"/> Minister Without a Call
<input type="checkbox"/> Evangelist	<input type="checkbox"/> Chaplain – Military Active Duty	<input type="checkbox"/> Chaplain – Other:

* NOTE: Home addresses and phone numbers will NOT be published.

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