TEACHING ELDER TERMS OF CALL REPORT

EPC Presbytery of the Pacific Southwest



Name of Teaching Elder :	Name of Church/Min	Name of Church/Ministry (if any):		
Home Address of Teaching Elder:	Address of Church/M	Address of Church/Ministry:		
Terms of Call	2020	2021	Changes + or -	
1. *Salary (excluding housing) as of January 1st				
2. *Housing as of January 1st				
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

Name of Minister:	Church/Ministry:	
Length of Ministry at above church/ministry: Please tell us about (if using paper form, use separa	ate sheet for additional information)	
Your ministry in the past year (begin below):	ate sheet for additional information)	
Significant challenges you faced:		
What you anticipate in this upcoming year of min	iistry:	
How the Presbytery can better support you:		
Any problems or concerns you have:		
Do you continue to find yourself in accord with the vo	ows you assumed at ordination? Yes No	
Have you had a Performance Review by your Session	in the last calendar year? Yes No	
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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]

Revised: January 2021

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

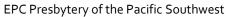
Name

Please update the information on the following page before saving and sending this form. If using the fillable form, <u>save under a new name before returning the file</u> (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 March 15, 2021.

Revised: January 2021

MEMBER / CHURCH INFORMATION UPDATE





Name		
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		
*Your Home Address		
*Your Preferred Personal Phone #		☐ Home ☐ 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:		
☐ Serving in a POPS Church	☐ Associate Member- Retired	☐ Associate Member
☐ Administrative Member	☐ Serving Outside the Boundaries	☐ Minister Without a Call
☐ Evangelist	☐ Active Member - Retired	☐ Chaplain for:

* NOTE: Home addresses and phone numbers will NOT be published.

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