

Memorandum of Compensation, Professional Expenses, and Benefits

Relate	d to the Call of		
	(name of person being called)		
To Min	istry / Congregation of		
Figure	s based on a (circle one)		
_		Full time	FT or% call
-	ensation	Φ /	
	Base Salary	\$/yr	\$/yr
	Housing Allowance (if no parsonage)	\$/yr	\$/yr
D)	Other (second language, specialized education, etc.)	\$	\$
		Total Compensation	\$
Profes	ssional Expenses		
a)	Car Allowance: Monthly allowance (taxable) OR		\$/yr
	By mileage rate reimbursement, calcula	ted each year	
	using the CRA rate		
	\$ per km for the first 500	0km, reir	mbursement(initial)
	\$ for every km after		
b)	Book Allowance (minimum \$500/yr)		
~,	Monthly allowance (taxable)	OR	\$
	By Receipt (not taxable)		nbursement(initial)
c)	First Call Program		
,	\$1,500 annually for the first three years after ord	lination	\$
d)	Cell Phone Allowance		\$
e)	Other		\$
f)	Other		\$
Benefi	its (Employer's Share- required)		
	ELCIC Pension and Benefits Plan		\$
b)	ELCIC Health and Dental Plan Tier		\$
c)	Government Pension Plan (CPP/QPP)		as per government regulation
d)	Employment Insurance		as per government regulation
e)	Other		\$
f)	Other		\$
g)	Vacation ofweeks per year, including _	Sund	ays and provide for pulpit supply
	during your absence.		
h)		ding	Sundays and provide for
	pulpit supply during your absence.		
i)	Sick time of 2 full weeks, including Sundays. Sick time b	•	
	bereavement leave, and disability guidelines can be four	nd on the GSI website	э.

Elected Congregational Representatives

1(signature)	2. (signature)
(print name)	(print name)
(elected position)	(elected position)
Date	