



# British Columbia Synod

Evangelical Lutheran Church in Canada

## Memorandum of Compensation, Professional Expenses, and Benefits

Related to the Call of \_\_\_\_\_  
*(name of person being called)*

To Ministry / Congregation of \_\_\_\_\_

Figures based on a (circle one)

	Full time	FT or ___ % call
<b>Compensation</b>		
a) Base Salary (_____ years of service)	\$/_____/yr	\$/_____/yr
b) Housing Allowance (if no parsonage)	\$/_____/yr	\$/_____/yr
c) Other (second language, specialized education, etc.)	\$/_____	\$/_____
<b>Total Compensation</b>		\$/_____

### Professional Expenses

- a) Car Allowance:
- |  |                            |
|--|----------------------------|
| <input type="checkbox"/> Monthly allowance (taxable) <b>OR</b>                 | \$/_____/mo                |
| <input type="checkbox"/> By mileage rate reimbursement (CRA rate, non taxable) | reimbursement____(initial) |
- b) Book Allowance (minimum \$500/yr)
- |  |                            |
|--|----------------------------|
| <input type="checkbox"/> Monthly allowance (taxable) <b>OR</b> | \$/_____                   |
| <input type="checkbox"/> By Receipt (not taxable)              | reimbursement____(initial) |
- c) First Call Program  
 \$1,500 annually for the first three years after ordination
- |  |          |
|--|----------|
|  | \$/_____ |
|--|----------|
- d) Cell Phone Allowance / month
- |  |          |
|--|----------|
|  | \$/_____ |
|--|----------|
- e) Other \_\_\_\_\_
- |  |          |
|--|----------|
|  | \$/_____ |
|--|----------|
- f) Other \_\_\_\_\_
- |  |          |
|--|----------|
|  | \$/_____ |
|--|----------|

### Benefits (Employer's Share- required)

- a) ELCIC Pension and Benefits Plan
- |  |          |
|--|----------|
|  | \$/_____ |
|--|----------|
- b) ELCIC Health and Dental Plan      Tier  green    blue    teal
- |  |          |
|--|----------|
|  | \$/_____ |
|--|----------|
- c) Government Pension Plan (CPP/QPP)
- |  |                               |
|--|-------------------------------|
|  | as per government regulations |
|--|-------------------------------|
- d) Employment Insurance
- |  |                               |
|--|-------------------------------|
|  | as per government regulations |
|--|-------------------------------|
- e) Other \_\_\_\_\_
- |  |          |
|--|----------|
|  | \$/_____ |
|--|----------|
- f) Other \_\_\_\_\_
- |  |          |
|--|----------|
|  | \$/_____ |
|--|----------|
- g) Vacation of \_\_\_\_\_ weeks per year, as per Harmonized Guidelines (including Sundays) and provide for pulpit supply during your absence.
- h) Study Leave of \_\_\_\_\_ per year (including Sundays) and provide for pulpit supply during your absence.
- i) Sick time of 2 full weeks, including Sundays. Sick time beyond 2 weeks, maternal and paternal leave, bereavement leave, and disability guidelines can be found on the GSI website.

Elected Congregational Representatives

1. \_\_\_\_\_  
(signature)

2. \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(elected position)

\_\_\_\_\_  
(elected position)

Date \_\_\_\_\_