

**DEFINITION OF RESPONSIBILITIES,
COMPENSATION AND BENEFITS
FOR THE SYNODIALLY AUTHORIZED MINISTER
South Dakota Synod, ELCA**

Prepared by congregation or Parish _____
For _____
For the period _____ to _____

A. PROVISIONS FOR THIS SYNODICALLY AUTHORIZED MINISTRY:

Special Emphases of the Synodically Authorized Minister and Special Encouragement by the Congregation:

1. During this time of interim, synodically authorized ministry, will give special attention in ministry to the following:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____

2. The Congregation will encourage this synodically authorized minister in the following ways:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____

3. Other concerns _____

B. COMPENSATION

The congregation will provide the following compensation:

- | | |
|--|----------|
| 1. Base Salary | \$ _____ |
| 2. Housing Allowance (if provided) | \$ _____ |
| 3. Parsonage or other housing provided; Utilities allowance | \$ _____ |
| 4. Self-employed Social Security payment allowance (if provided) | \$ _____ |

C. PENSION AND OTHER BENEFITS

The congregation will sponsor the Synodically authorized minister in the Pension and Other Benefits Program of the Evangelical Lutheran Church in America, which provides retirement, disability, survivor, and medical-dental coverage. *(Sponsorship will include medical-dental coverage for the Synodically authorized minister's spouse and children unless they have other employer provided group medical insurance coverage and the Synodically authorized minister consents to waiving medical-dental coverage for them under the ELCA Pension and Other Benefits Program.)*

1. ELCA Pension at _____% of defined compensation
 2. ELCA Medical-Dental Insurance *(check one below)*:
 - a. Member only _____
 - b. Member and Spouse _____
 - c. Member and Children _____
 - d. Member, spouse, & children _____
 - e. Coverage Waived _____
 3. Other insurance or benefits: \$ _____ \$ _____
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D. EXPENSES

The congregation will provide for the following expenses related to this synodically authorized minister's ministry.

1. Automobile and travel allowance at IRS rate \$ _____
2. Other professional expenses \$ _____
3. Expenses for official meetings of the synod, as reimbursed \$ _____
4. Continuing education *(\$1,000 recommended; minimum \$700 from calling source)* \$ _____
5. Other _____ \$ _____

E. AGREEMENT

1. Vacation time of _____ per year, including _____ Sundays;
2. Continuing education time of _____ weeks per year *(recommended minimum of two weeks per year that may be accumulated up to three years, as reflected in a continuing-education agreement developed by the Synodically authorized minister and the congregation council.)*
3. Entrance into the South Dakota Synod Candidacy Process for one of the ELCA rosters, seminary enrollment or affiliation, or other ministry-related course work;
4. Ongoing consultation with a synod-approved mentor;
5. Ongoing care through a committee of the congregation council;
6. Up to two months of continued salary, housing, and contributions to the ELCA Pension and Other Benefits Program in a 12-month period in the event that the pastor is physically or mentally disabled *(Provision may be made for further unpaid time for disability recovery as agreed by the congregation, but with the stipulation that unused accumulated sick leave will not be compensated at the end of the minister's service); and*
7. Where applicable, parental leave up to six weeks with full salary, housing, and benefits.

We, the undersigned, certify that the necessary approvals of the congregation and congregational council have been granted for the provisions set forth above.

_____ Congregation President _____ Date

_____ Council Secretary _____ Date

I certify that I accept the above statement:

_____ Synodically Authorized Minister _____ Date

NOTE: Retain original in records of the congregation. Make a copy for the synodically authorized minister. As a matter of information, send a copy to the synodical office. The synodically authorized minister should send a signed copy of this form to synod office.