A close-up of a phone number

Description automatically generated with medium confidence

**SUPPLY PASTOR COVENANT**

| The following covenant between the session of | | ***Type Congregation Name Here*** | Presbyterian Church and |
| The Rev. | ***Type Pastor’s Name Here*** | | |

is for the purpose of defining the terms of the Supply Pastor Position.

|  |  |  |  |
| --- | --- | --- | --- |
| from | ***mm/dd/yy*** | to | ***mm/dd/yy*** |

**This covenant is for dates**:

The Supply Pastor (check the appropriate response):

Will become  Is a member of the Presbytery of the Cascades.

Will  Will not serve as moderator of session.

Will  Will not serve as head of staff.

The Position Description for this position is attached to this covenant.

**The goals for this relationship, approved by session and the Commission on Ministry are as follows**:

|  |
| --- |
|  |

**Annual Review:**  The session and the presbytery COM will conduct a review with the pastor each year before considering renewal of the covenant. Goals and terms may be revised at that time. Renewal of the covenant requires approval by the Commission on Ministry.

**Pastoral Search:** If the church, with COM concurrence, begins a search for a new pastor, the Stated Supply Pastor becomes *Interim Pastor*, may not be considered as a prospective candidate and may not be involved in the pastor nominating process.

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| This covenant is for a period of up to 12 months (not more than twelve, G-2.0504b). This covenant may be terminated by the session with 30 days written notice. The Stated Supply Pastor may terminate the covenant with 30 days written notice and a forfeiture of any payment beyond the 30 day period. |

**Terms**:

|  |  |  |
| --- | --- | --- |
| The Supply Pastor is employed on a  full-time  part time (50%, 75%, etc.) basis, serving | | |
| approximately | ***# of hours*** | hours per week. Compensation, to be reviewed annually, will be: |

|  |  |  |  |
| --- | --- | --- | --- |
| Salary | ***$*** | Housing | ***$*** |
| Utilities | ***$*** | Social Security Allowance | ***$*** |
| Professional Expense | ***$*** | Vacation | **Four Weeks** |
| Continuing Education | ***$*** | Study Leave | **Two Weeks** |
| Other | ***$*** | Other | ***$*** |

**Board of Pensions** (check which apply):  Medical  Retirement

**Signatures** (Either digital or written signature is acceptable):

|  |  |
| --- | --- |
|  |  |

**Supply Pastor**

|  |  |
| --- | --- |
|  |  |

**Clerk of Session**

**Date of Session Action**: ***Click or tap to enter a date.***

**Approved by Commission on Ministry**:

|  |  |
| --- | --- |
| **Region**: |  |
| **Date**: | ***Click or tap to enter a date.*** |

**Please email completed form to: office@potc.life**