

2024 REQUEST FOR CHANGE IN THE TERMS OF CALL  
SUBMITTED TO CHARLESTON ATLANTIC PRESBYTERY  
COMMISSION ON MINISTRY

**PLEASE COMPLETE THE ENTIRE FORM - LEAVE NO BLANKS.  
PLEASE USE A SEPARATE FORM FOR EACH PASTOR**

Pastor's Name \_\_\_\_\_

	2023	2024
SALARY	FROM _____	TO _____
HOUSING ALLOWANCE	FROM _____	TO _____
UTILITIES ALLOWANCE	FROM _____	TO _____
AMOUNT ON WHICH PENSION & INSURANCE IS COMPUTED (37%)	FROM _____	TO _____
SOCIAL SECURITY ALLOWANCE (7.65%)	FROM _____	TO _____
Professional Expense Reimbursement: (Travel, books, classes, etc.)	FROM _____	TO _____
ANY OTHER ALLOWANCE (KIND/NAME) _____		
AMOUNT OF OTHER ALLOWANCE:	FROM _____	TO _____

IN MAKING THIS REQUEST, I CERTIFY THAT THE ABOVE CHANGES HAVE  
BEEN APPROVED BY THE SESSION AND THE CONGREGATION OF THE  
\_\_\_\_\_ PRESBYTERIAN CHURCH.

SIGNED: \_\_\_\_\_  
Clerk of Session

The Commission on Ministry needs complete information on salary for all pastors, associate pastors, persons working for church institutions and persons laboring in validated ministries approved by Charleston Atlantic Presbytery. **Please submit form for each pastor or associate pastor even if there are no changes.** Your cooperation is appreciated.

PLEASE RETURN THIS FORM TO CHARLESTON ATLANTIC PRESBYTERY,  
4701 PARK PL W, NORTH CHARLESTON, SOUTH CAROLINA 29405-4627  
or email to [mjones@capresbytery.org](mailto:mjones@capresbytery.org)  
NO LATER THAN **Friday, February 2, 2024** IN PREPARATION FOR THE  
WINTER STATED MEETING