CENTRAL FLORIDA PRESBYTERY		
2026 Certified Christian Educator Proposed Terms of Contract		
Initial Contract (Version 10-2–2025)		
Email to COM@cfpresbytery.org		
Instructions: Enter data in Column C.		**Cells outlined in blue auto-calculate**
SECA will only calculate if Line 4, Column C is Yes.		**Calculations round to nearest dollar.**
Church:		**City:**
Pastor:		
If part-time, enter hours/week (*Use Board of Pensions Calculators for lines 11a, 11b):*		
COMPENSATION		**PROPOSED CONTRACT TERMS**
1	Annual Cash Salary	
2, 3, 4	Lines 2-4 Intentionally Left Blank	
5a	Stipend for BOP offered dental, vision, etc. plans	
5b	CCE contribution to dependent BOP medical plan	
5c	Stipend for CCE or dependent coverage-non BOP plans (medical, dental, vision, etc.)	
6	Contributions to tax-deferred plans [not church matching contributions]	
7,8,9	Lines 7, 8 and 9 intentionally left blank	
10	**Effective Salary (add lines 1, 5a-7) (Minimum $50,671**	**0**
	Continued on Next Page	
		PROPOSED CONTRACT TERMS
11a	Optional CCE Pension/Disability/ Death Benefit Dues (10% of (Line 10 less Lines 5a, 5b, and 6))	
11b	Optional CCE Medical Dues - MENU OPTION (use Board of Pensions calculators to determine amount)	
11c	Optional Church contribution to Dependent Medical Dues through BOP (use online calculators to determine amount)	
11d	Optional Church-provided benefits (dental, vision, etc.) through BOP (use online calculators to determine amount)	
11e	Intentionally Left Blank	
12a	For FICA calculation: Optional pre-tax salary reduction - health FSA ($3,400 maximum)	
12b	For FICA calculation: Optional pre-tax salary reduction - dependent care FSA (see instructions for maximum)	

13a	Moving expenses- must be reported on the CCE's W-2 and included in FICA calculation, but are not included in dues calculations for Board of Pensions benefits.	
13b	Other Deferred Income [Employer matching contributions to PCUSA 403(b)(9)]. Not included in SECA calculation	
14	Employer's portion of FICA Tax (7.65% of lines 10 and 13a less lines 12a and 12b)	0
15	**Total Compensation (add lines 10, 11a-d, 13a-b, 14)**	**0**
REIMBURSED EXPENSES/ALLOWANCES:		**PROPOSED CONTRACT TERMS**
16	Auto/Travel	
17	Continuing Education/Professional Development	
18	Books	
19	Cell Phone Reimbursement	
20a	Other (Professional Expenses) - Identify	
20b	Other, continued - Identify	
21	**Total Reimbursed Expenses/Allowances (add lines 16 through 20b**	**0**
22	**GRAND TOTAL COMPENSATION AND EXPENSES (add lines 15 and 21)**	**0**
	Vacation (minimum one month)	
	Study Leave (minimum 2 weeks)	
Person to contact regarding this form:		
Phone:		

APPROVAL OF TERMS OF CALL

BY THE SESSION

By the official action of the Session of the _____ Presbyterian Church

of (city) _____ on (date) _____

_____

Clerk of Session