



Northwestern Ohio Synod
Evangelical Lutheran Church in America

Compensation Worksheet for Rostered Minister of Word and Sacrament (Ordained Pastor) with Housing Allowance

Please note that only lines applicable to **Ordained Pastor** with **Housing Allowance** are included on this worksheet.

Step 1: Determining Salary Compensation

- A. Guideline Base Salary _____
- B. Additional / Merit Compensation _____
- C. **Total Salary Compensation:** (A + B) \$ _____
Total Salary C

Step 2: Determining Housing Allowance

- D. Median Home Value _____
- E. Chosen Percentage _____
(Recommended: 1.25)
- F. **Total Housing Allowance**

$$\begin{array}{rcll} \text{_____} & \times & \text{_____} \% & \times 12 \text{ months} = \text{_____} \\ \text{Median Home Value} & \times & \text{Percentage} & \times 12 \text{ months} = \text{Housing Allowance F} \end{array}$$

Step 3: Determining Total Defined Compensation

- G. Social Security Allowance:

$$\begin{array}{rcll} \text{_____} & + & \text{_____} & = \text{_____} \\ \text{Total Salary C} & + & \text{Total Housing F} & = \text{Social Security Base} \end{array}$$

$$\begin{array}{rcll} \text{_____} & \times & 7.65\% & = \text{_____} \\ \text{Social Security Base} & \times & \text{Employer Rate} & = \text{Social Security Allowance G} \end{array}$$

- H. **Total Defined Compensation**

$$\begin{array}{rcll} \text{_____} & + & \text{_____} & + \text{_____} = \$ \text{_____} \\ \text{Total Salary C} & + & \text{Total Housing F} & + \text{Social Security Allowance G} = \text{Total Defined Compensation H} \end{array}$$

Step 4: Determining Portico Benefits

Use the benefit calculator available at:

<https://employerlink.porticobenefits.org/Home/Resources/Calculators.aspx>

- I. Health Benefits: _____
- J. Retirement: _____
- K. Disability: _____
- L. Basic Group Life: _____
- M. Additional Benefits: _____
- N. Health Insurance Waiver Bonus _____

O. **Total Benefits:** (I + J + K + L + M + N) \$ _____
Total Benefits O

Step 5: Determining Additional Congregational Expenses

- P. Mileage Reimbursement: _____
- Q. Continuing Education: _____
- R. Professional Expenses: _____
- S. Additional Covered Expenses: _____

T. **Total Additional Expenses:** (P + Q + R + S) \$ _____
Total Additional Expenses T

Step 6: Determining Total Financial Cost to Congregation

U. **Total Compensation Package:** \$ _____
Total Salary C + Total Housing F + Social Security Allowance G + Total Benefits O +
Total Additional Expenses T Total Package U

Step 7: Determining Intangible Benefits

Please see the compensation guidelines packet for minimums on these numbers if you have any questions about where to start.

Vacation: _____ weeks (including _____ Sundays)

Family Leave: _____ weeks

Continuing Education: _____ weeks

Sabbatical: _____ weeks after serving 6 years