

Notice of Ministerial Call or Hire
UUA Transitions Office

1. Name of Congregation _____
2. City and State _____
3. Name of Minister Called or Hired _____
4. Congregational Vote (# yeas/# nays/# abstentions/# total) _____
5. **OR**, this was a board hire. Check here, please: _____
6. Date Assuming Duties _____
7. Costs Associated with Ministry:

SALARY PLUS HOUSING ALLOWANCE

Cash Salary	\$ _____
Housing Allowance	_____ or
Parsonage Rental Value	_____
Total	\$ _____

BENEFITS

Medical insurance (___% of premium)	\$ _____
Life insurance at ___ times S&H	_____
Disability insurance	_____
Dental insurance	_____
Contribution in lieu of FICA	_____
Retirement plan contribution at ___ % of S&H	_____
Total	\$ _____

PROFESSIONAL EXPENSE ALLOWANCE

Total	\$ _____
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**TOTAL COSTS ASSOCIATED
WITH MINISTRY**

\$ _____

Submitter's full name: _____

Submitter's e-mail address: _____

By submitting this form I verify that I am the Chair of the Ministerial Search Committee.

Please send a copy of the letter of agreement or contract for our files by email attachment, to:
transitions@uua.org. Unsigned versions are acceptable.

Or if necessary, to:
Transitions Office
UUA
25 Beacon Street
Boston, MA 02108

Thank you!
John H. Weston
Ministerial Transitions Director