

REPORT FOR MINISTER OF WORD AND SERVICE UNDER CALL FROM A CONGREGATION

Information on this form may be shared with other synod staff persons at the bishop's discretion.

Date: _____ Synod: _____

Last Name: _____ First Name: _____

Social Security Number: _____ Date of Commissioning/Consecration/Ordination:
Last 4 Digits Only

Home Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Work Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Cell phone: _____ Preferred Mailing Address: Work Home

Name of Spouse: _____ Date of Marriage: _____
(mm/dd/yyyy)

Dependents (Full Name)	Relationship	Date of Birth (mm/dd/yyyy)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you wish to discuss the possibility of a change of call?	Yes No	If so, is your request urgent?	Yes No
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1. As you reflect upon the past year, what were the most significant developments, events or accomplishments in your life and ministry?

2. As you look forward to this year, what will be the special emphases of your ministry?

3. As you engage these special emphases, what encouragement and support will you need?

4. How is your ministry and life going in your setting: joys, struggles, hopes, disappointments?

5. The continuing education in which I have been involved this year includes the following:

Continuing education contact hours were: _____ (One hour equals 50 minutes of class time or the equivalent)

Dollars expended: _____ Personally _____ Congregation _____ Scholarship dollars received

Does your congregation have a sabbatical policy? Yes No

Was a sabbatical or extended study leave provided? Yes No

Are you involved in a degree program? Yes No

My most important continuing education learning of this year is:

6. Note any concerns or issues you desire to share with your synod bishop.

Please provide the information below regarding salary, allowances and benefits received from your congregation(s) during the past year and to be received in the coming year. This information is useful to the bishop in understanding levels of compensation and benefits across the synod.

Compensation

Housing Provided: Yes No Yes No

Cash Salary: _____

Additional Compensation

Social Security Allowance: _____

Annuities, Additional _____

Pension, Housing Equity: _____

Other Compensation: _____

Reimbursements

Car/Travel (flat): _____

Car/Travel (¢ per mile): _____

Business/Professional: _____

Continuing Education: _____

Number of CE Days: _____

Books/Subscriptions: _____

Other: _____

Your call is Full-Time Part-Time

If part time, what percent? _____%

Compensation during the past year was:

Above guidelines
In keeping with guidelines
Below guidelines

Benefits were:

Paid Vacation: _____ Weeks _____ Sundays

ELCA Pension 10% 11% 12%

ELCA Medical and Dental (check all that apply)

Member Spouse Children Coverage Waived

Medical deductible paid by congregation: _____

If pension and/or other benefits are provided by other than or beyond those offered by Portico Benefit Services, please list names of carriers and coverages:

Other Compensation (explain): _____