



4. The Continuing Education in which I have been involved this year includes the following:

Was a Continuing Education agreement Filed? Yes No
 Continuing Education Contact Hours were: _____ (One hour equals 50 minutes of class time or the equivalent)
 Dollars expended: _____ Personally _____ Congregation _____ Scholarship dollars received
 An extended study (sabbatical) was provided? Yes No
 Does your congregation have a sabbatical policy? Yes No
 Are you involved in a degree program? Yes No
 My most important continuing education learning of this year is:

5. Note any concerns or issues you desire to share with your synodical bishop.

Please provide the information below regarding salary, allowances and benefits received from your congregation(s) in 2015 and to be received in 2016. This information assists the bishop in tracking compensation and is helpful should you be considered for call.

<u>Compensation</u>		<u>2015</u>		<u>2016</u>					
Housing Provided		Yes	No	Yes	No	2016 compensation is	Above guidelines In keeping with guidelines Below guidelines		
Cash Salary		_____	_____	_____	_____				
<u>Additional Compensation</u>						<u>2016 Benefits</u>			
Social Security Allowance		_____	_____	_____	_____	Paid Vacation:	_____ Weeks	_____ Sundays	
Annuities, Additional Pension, Housing Equity		_____	_____	_____	_____	ELCA Pension	10%	11%	12%
Other Compensation		_____	_____	_____	_____	<u>ELCA Medical and Dental</u> (check all that apply)			
<u>Reimbursements</u>						<input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Coverage Waived			
Car/Travel (flat)		_____	_____	_____	_____	Medical deductible paid by congregation(s) up to: _____			
Car/Travel (¢ per mile)		_____	_____	_____	_____	If pension and/or other benefits are provided by other than or beyond those offered by the Portico Benefit Services, please list the carrier's name(s) and coverages			
Business/Professional		_____	_____	_____	_____				
Continuing Education		_____	_____	_____	_____				
Number of CE Days		_____	_____	_____	_____				
Books/Subscriptions		_____	_____	_____	_____				
Other		_____	_____	_____	_____				
Your call is	Full Time		Part Time			Other Pay: _____			
If part time what percent?		_____ %				(explain) <div style="border: 1px solid black; width: 200px; height: 20px; display: inline-block;"></div>			