



**2016 REPORT FOR ASSOCIATE IN MINISTRY, DEACONESS, OR DIACONAL MINISTER UNDER CALL FROM
 A SYNOD COUNCIL OR CHURCH COUNCIL**

Information on this form may be shared with other synod staff persons during the mobility process.

Date: _____ Synod: _____

Last Name: _____ First Name: _____

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

Home Mailing Address: _____
 City: _____ State: _____ Zip Code: _____ Country: _____
 Phone: _____ Email: _____

Work Mailing Address: _____
 City: _____ State: _____ Zip Code: _____ Country: _____
 Phone: _____ Fax: _____ Email: _____

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 If so, is your request urgent? Yes
 No No

1. Name and location of congregation of which you are a member:

Congregation City State
 In what congregational ministries and activities did you participate last year?

2. As you reflect upon the past year, what were the most significant developments, events or accomplishments in your life and ministry?

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

4. In what ways does your roster status give meaning to and guide your present ministry?



5. 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 employer 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:

6. 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>	2016 compensation is	Above guidelines In keeping with guidelines Below guidelines
	Yes No	Yes No		
Housing Provided	_____	_____		
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 employer 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)	