



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

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: _____
 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

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

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

- 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

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:

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) in 2017 and to be received in 2018. This information assists the bishop in tracking compensation and is helpful should you be considered for call.

Compensation

2017

2018

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? _____ %

2018 compensation is

Above guidelines
In keeping with guidelines
Below guidelines

2018 Benefits

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(s) up to: _____

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

Other Pay: _____
(explain)