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Filling in the form

This form can be filled out and saved for later editing or printing. To fill out this form, position your pointer within a light blue field, click and begin typing. When you have completed a field, tab or click to the next. Periodically save your work (the first time you may be prompted to save with a different file name; you may name your file anything you want).



Evangelical Lutheran Church in America

God's work. Our hands.

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:

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:

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 2016 and to be received in 2017. This information assists the bishop in tracking compensation and is helpful should you be considered for call.

Compensation

	<u>2016</u>		<u>2017</u>	
	Yes	No	Yes	No
Housing Provided	_____	_____	_____	_____
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? _____ %

2017 compensation is

Above guidelines
In keeping with guidelines
Below guidelines

2017 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)