

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 2022 and to be received in 2023. This information assists the bishop in tracking compensation and is helpful should you be considered for call.

<u>Compensation</u>	<u>2022</u>		<u>2023</u>			
Housing Provided:	Yes	No	Yes	No	2023 compensation is	Above guidelines
Cash Salary:	_____	_____	_____	_____		In keeping with guidelines
<u>Additional Compensation</u>					<u>2023 Benefits</u>	Below guidelines
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)	