



**REPORT FOR MINISTER OF WORD AND SERVICE 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: _____

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

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:

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 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.

| | | | | | | | | | | | | | |
|---|-----------|--------------------|-----------|--------------------|-------|--|--|---------------|-----|--|--|--|--|
| <u>Compensation</u> | | <u>2017</u> | | <u>2018</u> | | | | | | | | | |
| Housing Provided | | Yes | No | Yes | No | 2018 compensation is | Above guidelines In keeping with guidelines Below guidelines | | | | | | |
| Cash Salary | | _____ | _____ | _____ | _____ | | | | | | | | |
| <u>Additional Compensation</u> | | | | | | <u>2018 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 | | | | | | | | | | |
| If part time what percent? | | _____ % | | | | Other Pay: | | | | | | | |
| | | | | | | (explain) | | | | | | | |