



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

Does your congregation have a sabbatical policy? Yes No

Was a sabbatical or extended study leave provided? 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) during the past year and to be received in the coming year. This information assists the bishop in tracking compensation and is helpful should you be considered for call.*

**Compensation**

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? \_\_\_\_\_ %

**Compensation during the past year was:**

Above guidelines  
In keeping with guidelines  
Below guidelines

**Benefits were:**

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)