



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/Consecration/Ordination: _____
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: _____ <small>(mm/dd/yyyy)</small> | |
| 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 2020 and to be received in 2021. This information assists the bishop in tracking compensation and is helpful should you be considered for call.

| | | | | |
|---------------------------------------|--------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <u>Compensation</u> | <u>2020</u> | <u>2021</u> | 2021 compensation is | Above guidelines In keeping with guidelines Below guidelines |
| | Yes No | Yes No | | |
| Housing Provided | _____ | _____ | | |
| Cash Salary | _____ | _____ | | |
| <u>Additional Compensation</u> | | | <u>2021 Benefits</u> | |
| Social Security Allowance | _____ | _____ | Paid Vacation: _____ Weeks _____ Sundays | |
| Annuities, Additional | _____ | _____ | ELCA Pension 10% 11% 12% | |
| Pension, Housing Equity | _____ | _____ | <u>ELCA Medical and Dental</u> (check all that apply) | |
| Other Compensation | _____ | _____ | <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Coverage Waived | |
| <u>Reimbursements</u> | | | Medical deductible paid by employer up to: _____ | |
| Car/Travel (flat) | _____ | _____ | 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 | <div style="border: 1px solid black; height: 60px;"></div> |
| Car/Travel (¢ per mile) | _____ | _____ | | |
| Business/Professional | _____ | _____ | | |
| Continuing Education | _____ | _____ | | |
| Number of CE Days | _____ | _____ | | |
| Books/Subscriptions Other | _____ | _____ | | |
| Your call is | Full Time | Part Time | Other Pay: | <div style="border: 1px solid black; width: 150px; height: 20px;"></div> |
| If part time what percent? | _____ % | | (explain) | |