

**REPORT FOR MINISTER OF WORD AND SERVICE UNDER CALL FROM SYNOD COUNCIL  
OR ELCA CHURCH COUNCIL**

*Information on this form may be shared with other synod staff persons at the bishop's discretion.*

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: \_\_\_\_\_  
(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? \_\_\_\_\_ Employer \_\_\_\_\_ Scholarship dollars received

Does your employer 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 employer 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 employer: \_\_\_\_\_

If pension and/or other benefits are provided other than or beyond those offered by Portico Benefit Services, please list the names of carriers and coverages:

Other Pay: \_\_\_\_\_  
(explain)