



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: _____	<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 2018 and to be received in 2019. This information assists the bishop in tracking compensation and is helpful should you be considered for call.

<u>Compensation</u>	<u>2018</u>	<u>2019</u>	2019 compensation is	Above guidelines
	Yes No	Yes No		In keeping with guidelines
Housing Provided	_____	_____		Below guidelines
Cash Salary	_____	_____		
<u>Additional Compensation</u>			<u>2019 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)	_____	_____		
Business/Professional	_____	_____	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	
Continuing Education	_____	_____		
Number of CE Days	_____	_____		
Books/Subscriptions	_____	_____		
Other	_____	_____		
Your call is	Full Time	Part Time		
If part time what percent?	_____ %		Other Pay: _____ (explain)	