



**REPORT FOR MINISTER OF WORD AND SERVICE UNDER CALL FROM A CONGREGATION**

*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: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

- As you reflect upon the past year, what were the most significant developments, events or accomplishments in your life and ministry?
- As you look forward to this year, what will be the special emphases of your ministry?
- As you engage these special emphases, what encouragement and support will you need?

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

An extended study (sabbatical) was provided? Yes No

Does your congregation 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.

<b><u>Compensation</u></b>	<b><u>2018</u></b>		<b><u>2019</u></b>			
Housing Provided	Yes	No	Yes	No	2019 compensation is	Above guidelines
Cash Salary	_____	_____	_____	_____		In keeping with guidelines
<b><u>Additional Compensation</u></b>					<b><u>2019 Benefits</u></b>	Below guidelines
Social Security Allowance	_____	_____	_____	_____	Paid Vacation: _____ Weeks _____ Sundays	
Annuities, Additional Pension, Housing Equity	_____	_____	_____	_____	ELCA Pension 10% 11% 12%	
Other Compensation	_____	_____	_____	_____	<b><u>ELCA Medical and Dental</u></b> (check all that apply)	
<b><u>Reimbursements</u></b>					<input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Coverage Waived	
Car/Travel (flat)	_____	_____	_____	_____	Medical deductible paid by congregation(s) 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		Other Pay: _____	
If part time what percent?	_____ %				(explain) _____	