

5. What are you doing to connect with the ecumenical community where you serve?

6. 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 _____

Was an extended study leave (sabbatical) 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:

7. Note any concerns or issues you desire to share with your synod bishop.

Please provide the information requested below regarding salary, allowances and benefits received from your employer in 2022 and to be received in 2023. This information assists the bishop in tracking compensation and is helpful should you be considered for call.

Compensation	2022	2023
Housing Provided:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Cash Salary:	_____	_____

Allowances above base salary	2022	2023
Housing Allowance:	_____	_____
Utilities Allowance:	_____	_____
Furnishings Allowance:	_____	_____

Additional Compensation	2022	2023
Social Security Allowance:	_____	_____
Annuities, Additional Pension, Housing Equity:	_____	_____
Other Compensation:	_____	_____

Reimbursements	2022	2023
Car / Travel (flat):	_____	_____
Car / Travel (¢ per mile):	_____	_____
Business / Professional:	_____	_____
Continuing Education:	_____	_____
Number of CE days:	_____	_____
Book Subscriptions:	_____	_____
Other:	_____	_____

Your call is Full Time Part Time

If part-time, what percent? _____ %

2023 compensation is: Above guidelines
 In keeping with guidelines
 Below guidelines

2023 Benefits
 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 congregations: _____

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

Other pay (explain)