

## REPORT FOR MINISTER OF WORD AND SACRAMENT UNDER CALL FROM SYNOD COUNCIL OR CHURCH COUNCIL

Information on this form may be shared with other synod staff persons during the mobility process. Date: \_\_\_ Synod: MM/DD/YYYY LAST NAME FIRST NAME Social Security Number: \*\*last 4 digits only Date of Ordination: \_\_ Home Mailing Address: \_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_ Country: \_\_\_\_ Cell phone: \_\_\_\_\_\_ Email: \_\_\_\_\_ Work Mailing Address: \_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_ Country: \_\_\_ Email: \_\_\_\_\_ Phone: Preferred Mailing Address: O Work O Home Date of Marriage: \_\_\_ Full Name of Spouse: \_\_\_ MM/DD/YYYY Relationship Date of Birth Dependents: Full Name Do you wish to discuss the possibility of a change of call? O Yes If so, is your request urgent? O Yes 1. Name and location of congregation of which you are a member: 2. In what congregational ministries and activities did you participate last year? 3. As you reflect upon the past year, what were the most significant developments, events, or accomplishments in your life? 4. How is your ministry and life going in your setting: joys, struggles, hopes, disappointments?

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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 Cong	gregation Scholarship dollars received
Was an extended study leave (sabbatical) prov	
Does your employer have a sabbatical policy?	○ Yes ○ No
Are you involved in a degree program?	○ Yes ○ No
My most important continuing education learn	ning of this year is:
7. Note any concerns or issues you desire to sh	nare with your synod bishop.
	g salary, allowances and benefits received from your employer in 2022 and to
	p in tracking compensation and is helpful should you be considered for call.  2023 Your call is O Full Time O Part Time
Housing Provided: O Yes O No O Yes	
Cash Salary:	2023 compensation is: O Above guidelines
Allowances above base salary	O Above guidelines
Housing Allowance:	O In keeping with guidelines
Utilities Allowance:	O Below guidelines
Furnishings Allowance:	Paid Vacation: Weeks Sundays
Additional Compensation	ELCA Pension O 10 % O 11 % O 12 %
Social Security Allowance:	ELCA Medical and Dental (check all that apply)
Annuities, Additional	Member ☐ Spouse ☐ Children Coverage Waived
Pension, Housing Equity:	Medical deductible paid by congregations:
Other Compensation:	If pension and/or other benefits are provided by other
Reimbursements	than or beyond those offered by Portico Benefit
Car / Travel (flat):	Services, please list the carrier's names and coverages:
Car / Travel (¢ per mile):	
Business / Professional:	
Continuing Education:	
Number of CE days:	Other pay (explain)
Book Subscriptions: Other:	<del></del>

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

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