

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/Consecration/Ordination:
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
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1. As you reflect upon the past year, what were the most significant developments, events or accomplishments in your life and ministry?

2. As you look forward to this year, what will be the special emphases of your ministry?

3. 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 2022 and to be received in 2023. This information assists the bishop in tracking compensation and is helpful should you be considered for call.

<u>Compensation</u>	<u>2022</u>	<u>2023</u>	2023 compensation is	Above guidelines In keeping with guidelines Below guidelines
	Yes No	Yes No		
Housing Provided:	_____	_____		
Cash Salary:	_____	_____		
<u>Additional Compensation</u>			<u>2023 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 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		
If part time, what percent?	_____ %		Other Pay: _____ (explain)	