

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

Information on this form may be shared with other synod staff persons at the bishop's discretion.

Date: _____
MM/DD/YYYY

Synod: _____

LAST NAME

FIRST NAME

Social Security Number: _____
*last 4 digits only

Date of Ordination: _____
MM/DD/YYYY

Home Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Cell phone: _____ Email: _____

Work Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Email: _____

Fax: _____ Preferred Mailing Address: Work Home

Full Name of Spouse: _____ Date of Marriage: _____
MM/DD/YYYY

Dependents:	Full Name	Relationship	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:

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?

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 _____

Does your employer have a sabbatical policy? Yes No

Was a sabbatical or extended study leave provided? 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 during the past year and to be received in the coming year. This information is useful to the bishop in understanding levels of compensation and benefits across the synod.

Compensation

Housing Provided: Yes No Yes No

Cash Salary: _____

Allowances above base salary

Housing Allowance: _____

Utilities Allowance: _____

Furnishings Allowance: _____

Additional Compensation

Social Security Allowance: _____

Annuities, Additional _____

Pension, Housing Equity: _____

Other Compensation: _____

Reimbursements

Car / Travel (flat): _____

Car / Travel (¢ per mile): _____

Business / Professional: _____

Continuing Education: _____

Number of CE days: _____

Books / Subscriptions: _____

Other: _____

Your call is Full-Time Part-Time

If part-time, what percent? _____ %

Compensation during the past year was:

- Above guidelines
- In keeping with guidelines
- Below guidelines

Benefits were:

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 employer: _____

If pension and/or other benefits are provided by other than or beyond those offered by Portico Benefit Services, please list names of carriers and coverages:

Other compensation (explain):