



**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: _____
MM/DD/YYYY

Synod: _____

LAST NAME

FIRST NAME

Date of Ordination: _____
MM/DD/YYYY

Home Mailing Address: _____
 City: _____ State: _____ Zip Code: _____ Country: _____
 Phone: _____ Cell phone: _____ E-mail: _____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. Name and location of congregation of which you are a member:

2. How is your ministry and life going in your setting: joys, struggles, hopes, disappointments?

3. What resources and support do you need to be an even more effective leader in your current setting and in the future?

2. In what congregational ministries and activities did you participate last year?

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

What Continuing Ed did you participate in? Was it Online or in person? NRIT or another resource? (please specify)

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:

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

Compensation

	2018	2019
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Housing Provided:		
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:	_____	_____
Book Subscriptions:	_____	_____
Other	_____	_____

Your call is Full Time Part Time
if part-time, what _____% percent?

2019 compensation is: Above guidelines
 In keeping with guidelines
 Below guidelines

2019 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)