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Evangelical Lutheran Church in America
God’s work. Our hands.

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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: _____ (Last 4 Digits Only) Date of Commissioning or Consecration: _____

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

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

Was a Continuing Education agreement Filed? ◯ Yes ◯ No

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 synodical bishop.

Please provide the information below regarding salary, allowances and benefits received from your congregation(s) in 2016 and to be received in 2017. This information assists the bishop in tracking compensation and is helpful should you be considered for call.

Compensation	**2017**	**2018**
Housing Provided	◯ Yes ◯ No	◯ Yes ◯ No
Cash Salary	_____	_____
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? _____%

2018 compensation is
◯ Above guidelines
◯ In keeping with guidelines
◯ Below guidelines

2018 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 congregation(s) up to: _____

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

Other Pay: (explain)