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## 2017 MINNEAPOLIS AREA SYNOD REPORT FOR MINISTER OF WORD AND SACRAMENT UNDER CALL FROM A SYNOD COUNCIL OR CHURCH COUNCIL

*Information on this form may be shared with other synod staffpersons during the mobility process.*

\_\_\_\_\_  
LAST NAME  
Date: \_\_\_\_\_  
MM/DD/YYYY

\_\_\_\_\_  
FIRST NAME  
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 the congregation of which you are a member:

\_\_\_\_\_  
Congregation City State

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

3. As you reflect upon last year, what were the most significant developments, events, or accomplishments in your life and ministry?

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

5. In what ways does your roster status give meaning to and guide your present ministry?

6. Are you in a peer group?      Yes      No      Would you like to be?      Yes      No

7. 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 \_\_\_\_\_

Was an extended study leave (sabbatical) provided?     Yes     No

Does your congregation have a sabbatical policy?     Yes     No

Are you involved in a degree program?                     Yes     No

8. What is your best insight from your readings/studies this year?

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

*Please provide the information requested 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**

**2016**

**2017**

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:                    \_\_\_\_\_                    \_\_\_\_\_

Book Subscriptions:                    \_\_\_\_\_                    \_\_\_\_\_

Other:                    \_\_\_\_\_                    \_\_\_\_\_

**Your call is**

Full Time     Part Time

If part-time, what percent? \_\_\_\_\_ %

**2017 compensation is:**

Above guidelines

In keeping with guidelines

Below guidelines

**2017 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)