



PLEASE SAVE A COPY OF THIS FORM TO YOUR COMPUTER, OPEN THE SAVED COPY, FILL IT OUT, SAVE IT ONCE MORE, AND EMAIL THE SAVED COPY TO THE SYNOD OFFICE.

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

Information on this form may be shared with other synod staff persons during the mobility process.

LAST NAME

FIRST NAME

Date: _____ Date of Commissioning/Consecration: _____
MM/DD/YYYY 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 _____ Employer _____ 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

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

	<u>2016</u>	<u>2017</u>
Housing Provided:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Cash Salary:	_____	_____

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)

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: _____