



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

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

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

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

Date of Ordination: \_\_\_\_\_  
MM/DD/YYYY

**Home Mailing Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Work Mailing Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 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. 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 are you and your congregation doing to connect with the neighborhood/community where you serve?

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**

	<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:                    \_\_\_\_\_                    \_\_\_\_\_

**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)