

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 staff persons during the mobility process

As you reflect upon the past year, what will be the special emphases of your ministry? Date of Ordination: MM/DD/YYYY	LAST NAME			FIRST NAME
City: State: Zip Code: Phone: State: Zip Code: City: State: Zip Code: Phone: Email: Phone: Email: Phone: Email: Preferred Mailing Address:	Date: MM/DD/YYYY	_	Date of Ordinati	on:
City: State: Zip Code: Phone: Cell phone: Email: Work Mailing Address: Zip Code: City: State: Zip Code: Phone: Email: Preferred Mailing Address:	Home Mailing Address:			
Work Mailing Address: City: State: Zip Code: Phone: Email: Fax: Preferred Mailing Address: O Work Home Full Name of Spouse: Dependents: Full Name Relationship Date of Marriage: MM/DD/YYYY Do you wish to discuss the possibility of a change of call? No As you reflect upon the past year, what were the most significant developments, events, or accomplishments in your life and ministry? As you look forward to this year, what will be the special emphases of your ministry? As you engage these special emphases, what encouragement and support will you need?				
City: State: Zip Code: Phone: Email: Fax: Preferred Mailing Address:	Phone:	Cell phone:	Email:	
Phone: Email: Preferred Mailing Address: Work Home Full Name of Spouse: Date of Marriage: Date of Marriage: Date of Birth Date	Work Mailing Address: _			
Fax: Preferred Mailing Address: _	City:	State:Zip Cod	e:	
Dependents: Full Name Relationship Date of Birth Do you wish to discuss the possibility of a change of call? Yes No As you reflect upon the past year, what were the most significant developments, events, or accomplishments in your life and ministry? As you look forward to this year, what will be the special emphases of your ministry? As you engage these special emphases, what encouragement and support will you need?	Phone:	Email:		
Dependents: Full Name Relationship Date of Birth Do you wish to discuss the possibility of a change of call? O Yes No As you reflect upon the past year, what were the most significant developments, events, or accomplishments in your life and ministry? As you look forward to this year, what will be the special emphases of your ministry? As you engage these special emphases, what encouragement and support will you need?		='	~	
Dependents: Full Name Relationship Date of Birth Do you wish to discuss the possibility of a change of call? O Yes No As you reflect upon the past year, what were the most significant developments, events, or accomplishments in your life and ministry? As you look forward to this year, what will be the special emphases of your ministry? As you engage these special emphases, what encouragement and support will you need?	Full Name of Spouse:		Date of Marriage	2:
As you reflect upon the past year, what were the most significant developments, events, or accomplishments in your life and ministry? As you look forward to this year, what will be the special emphases of your ministry? As you engage these special emphases, what encouragement and support will you need?				
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As you engage these special emphases, what encouragement and support will you need?		•		
	. As you look forward to th	is year, what will be the sp	ecial emphases of your	ministry?
How is your ministry and life going in your setting: joys, struggles, hopes, disappointments?	As you engage these spec	ial emphases, what encou	ragement and support	will you need?
How is your ministry and life going in your setting: joys, struggles, hopes, disappointments?				
	. How is your ministry and	life going in your setting: j	oys, struggles, hopes, d	lisappointments?

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6. Are you in a peer gro	oup? Yes	No Wo	ould you like to be? Ye	s No
7. The Continuing Educa	ation in which	I have been involv	ved this year includes the fo	llowing:
Continuing Education Co	ontact Hours w	ere: (On	e hour equals 50 minutes of cla	ass time or the equivalent.)
Dollars expended: Perso	onally	Congregation	Scholarship do	llars received
Was an extended study	·	· · ·	-	
Does your congregation			Yes O No	
Are you involved in a de	gree program?	? •	Yes O No	
8. What is your best insi	ight from your	readings/studies t	his year?	
9. Note any concerns or	issues you de	sire to share with	your synodical bishop.	
·			,	
			nces and benefits received from your	congregation(s) in 2016 and to
		<i>σιο της υτοπυρ τη τ</i> ταςκτης	g compensation and is helpful should y	
<u>Compensation</u>	<u>2016</u>	<u>2017</u>		ou be considered for call.
Compensation Housing Provided:		<u>2017</u>	Your call is Full Ti	nou be considered for call. me O Part Time
Housing Provided: Cash Salary:	O Yes O No	<u>2017</u>	Your call is Full Ti	nou be considered for call. The Part Time Sent?%
Housing Provided: Cash Salary: Allowances above base	O Yes O No	<u>2017</u>	Your call is Full Ti	me O Part Time cent? % Above guidelines
Housing Provided: Cash Salary: Allowances above base Housing Allowance:	O Yes O No	<u>2017</u>	Your call is Full Ti If part-time, what perc 2017 compensation is:	me O Part Time cent?% O Above guidelines O In keeping with guideline
Housing Provided: Cash Salary: Allowances above base Housing Allowance: Utilities Allowance:	Yes O No e salary	<u>2017</u>	Your call is Full Till for part-time, what perconduction is: 2017 compensation is:	me O Part Time sent?% O Above guidelines O In keeping with guideline O Below guidelines
Housing Provided: Cash Salary: Allowances above base Housing Allowance: Utilities Allowance: Furnishings Allowance:	Yes O No salary	<u>2017</u>	Your call is Full Till From Full Til	me O Part Time cent? % O Above guidelines O In keeping with guideline O Below guidelinesSundays
Housing Provided: Cash Salary: Allowances above base Housing Allowance: Utilities Allowance: Furnishings Allowance: Additional Compensation	Yes No Salary on	<u>2017</u>	Your call is Full Till for part-time, what percentage 2017 compensation is: 2017 Benefits Paid Vacation: Weeks	ou be considered for call. The Part Time Sent?
Housing Provided: Cash Salary: Allowances above base Housing Allowance: Utilities Allowance: Furnishings Allowance: Additional Compensation Social Security Allowance	Yes No Salary on	<u>2017</u>	Your call is Full Till for part-time, what percentage 2017 compensation is: 2017 Benefits Paid Vacation: Weeks ELCA Pension 10 % ELCA Medical and Dentage	ou be considered for call. me O Part Time cent? % O Above guidelines O In keeping with guideline O Below guidelines Sundays O 11 % O 12 % cal_ (check all that apply)
Housing Provided: Cash Salary: Allowances above base Housing Allowance: Utilities Allowance: Furnishings Allowance: Additional Compensation Social Security Allowance Annuities, Additional	on ce:	<u>2017</u>	Your call is Full Till If part-time, what perce 2017 compensation is: 2017 Benefits Paid Vacation: Weeks ELCA Pension 10 % ELCA Medical and Denta	Description of the considered for call. The Part Time cent?
Housing Provided: Cash Salary: Allowances above base Housing Allowance: Utilities Allowance: Furnishings Allowance: Additional Compensation Social Security Allowance Annuities, Additional Pension, Housing Equity	on ce:	<u>2017</u>	Your call is Full Till If part-time, what percentage 2017 compensation is: 2017 Benefits Paid Vacation: Weeks	Description of the considered for call. The Part Time cent? % Above guidelines In keeping with guideline Below guidelines Sundays 11 %
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Housing Provided: Cash Salary: Allowances above base Housing Allowance: Utilities Allowance: Furnishings Allowance: Additional Compensation Social Security Allowance Annuities, Additional Pension, Housing Equity	on ce:	<u>2017</u>	Your call is Full Till If part-time, what percentage 2017 compensation is: 2017 Benefits Paid Vacation: Weeks ELCA Pension	Part Time Part Time Pent?
Housing Provided: Cash Salary: Allowances above base Housing Allowance: Utilities Allowance: Furnishings Allowance: Additional Compensation Social Security Allowance Annuities, Additional Pension, Housing Equity Other Compensation: Reimbursements	on ce:	<u>2017</u>	Your call is Full Till If part-time, what perce 2017 compensation is: 2017 Benefits Paid Vacation: Weeks ELCA Pension 10 % ELCA Medical and Denta Member Spouse Medical deductible paid If pension and/or other be than or beyond those offer	Part Time Part Time Pent?
Housing Provided: Cash Salary: Allowances above base 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:	on ce:	<u>2017</u>	Your call is Full Till If part-time, what perce 2017 compensation is: 2017 Benefits Paid Vacation: Weeks ELCA Pension 10 % ELCA Medical and Denta Member Spouse Medical deductible paid If pension and/or other be than or beyond those offer	Part Time Part Time Pent?
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