

**PLEASE SAVE A COPY OF THIS FORM TO YOUR DESKTOP, OPEN THE SAVED COPY, FILL IT OUT, SAVE IT ONCE MORE, AND EMAIL THE SAVED COPY TO THE BISHOP. THANK YOU**

**SAINT PAUL AREA SYNOD 2021 REPORT FOR ROSTERED MINISTERS  
UNDER CALL FROM SYNOD COUNCIL OR ELCA CHURCH COUNCIL**

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

I am a:  Pastor  Deacon

Full name: \_\_\_\_\_ Date: \_\_\_\_\_

Info below is same as last year (if checked, skip the following section):

Date of Ordination/Consecration: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Home mailing address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Work mailing address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Preferred Mailing Address:	Home	Work	
Preferred Email:	Home	Work	
Preferred Phone:	Home	Cell	Work

Full name of spouse: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Children: Full Name	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name and location of congregation of which you are a member: \_\_\_\_\_

Do you wish to discuss the possibility of a change of call?	YES	NO
If so, is your request urgent?	YES	NO

1. 2020 was a year dominated by the Covid-19 pandemic. What were the most significant things you learned?

2. 2020 was a year of reckoning with issues of racial injustice and the call for equity in policies, practices and opportunity. What role did you play in addressing such issues?

3. What else would you like the bishop to know about your life and ministry this past year?

*Adequate compensation for rostered ministers matters to us in the Saint Paul Area Synod. Recommended guidelines for compensation are revised each year and are posted on the synod's website. Health care and contributions to a pension for rostered ministers and their families is a significant aspect of overall compensation, which is set by the calling congregation, agency or institution.*

In comparison to the previous year, is your compensation for 2020:  Increased  Flat  Reduced

Does your workplace provide any of the following:

Social Security allowance

Additional pension contribution (beyond recommended 10%)

Contribution to a health savings or health spending account

What health insurance plan does your employer provide:

Portico Gold +  Portico Silver  Portico Bronze  Other plan (please describe below)

Would you like a conversation with the bishop about your level of compensation or financial concerns you are facing?  Yes  No