

**PLEASE DOWNLOAD THIS FORM AND SAVE AS  
 FirstNameLastName\_MinistryReport2025  
 2025 SAINT PAUL AREA SYNOD REPORT FOR ROSTERED MINISTER  
 UNDER CALL FROM A CONGREGATION**

*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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

1. What is one thing you love about your current call?

2. What gives you hope in your current call?

3. What do you worry about in your current call?

4. What resources or support from the synod would help you and your congregation in 2025?

5. What else would you like the bishop to know about your life and ministry?

*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 2025:                      Increased      Flat      Reduced

Does the congregation 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 the congregation 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

**PLEASE SAVE & EMAIL YOUR COMPLETED FORM TO: [patricia.lull@spas-elca.org](mailto:patricia.lull@spas-elca.org)**