

**PLEASE DOWNLOAD THIS FORM AND SAVE AS
FirstNameLastName_MinistryReport2025**

**2025 SAINT PAUL AREA SYNOD REPORT FOR ROSTERED MINISTER
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. 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 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 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

PLEASE SAVE & EMAIL YOUR COMPLETED FORM TO: patricia.lull@spas-elca.org