NWOS REPORT FOR SYNODICALLY AUTHORIZED MINISTER SERVING A CONGREGATION

*Information on this form may be shared with other synod staff members during renewal process.*

Date: MM/DD/YYYY Synod: 6D – Northwestern Ohio

Last Name: First Name:

Soc Sec Number: last 4 digits Date of first authorization: MM/DD/YYYY

Home Mailing Address:

City: State: Zip:

Phone: Email:

Congregation Mailing Address:

City: State: Zip:

Phone: Email: Fax:

Is ministry employment full or part-time? If part-time, what percent?

Preferred Mailing Address: Congregation/Home

Other Employment: Business Name/Address

Is non-ministry employment full time: Y/N

Full Name of Spouse: Date of Marriage: MM/DD/YYYY

Dependents: Names/Relationship/Date of Birth

Do you wish to discuss the possibility of reassignment: Y/N Is this urgent: Y/N

1. As you reflect upon the last year, what were the most significant developments, events, or accomplishments in your life and ministry? INSERT ESSAY BOX HERE.

2. As you look forward to this year, what will be the special emphases of your ministry? INSERT ESSAY BOX HERE.

3. As you engage these special emphases, what encouragement and support will you need? INSERT ESSAY BOX HERE.

4. How is your ministry and life going in your setting: joys, struggles, hope, and disappointments? INSERT ESSAY BOX HERE.

5. What are you doing to connect with the ecumenical community where you serve? INSERT ESSAY BOX HERE.

6. The Continuing Education in which I have been involved this year includes the following (include seminary and Diakonia classes): INSERT ESSAY BOX HERE.

Continuing Education Contact Hours (CEU):\_\_\_\_ (One hour equals 50 minutes of class time or the equivalent.) Dollars expended: Personally\_\_\_\_\_ Congregation\_\_\_\_\_Scholarship\_\_\_\_\_\_

Are you involved in a degree program?

My most important continuing education learning of this year is: INSERT ESSAY BOX HERE.

7. Note any concerns or issues you desire to share with your synod bishop. INSERT ESSAY BOX HERE.

Please provide the information requested below regarding salary, allowances, and benefits.

Salary:

Housing/Utilities/Furnishings:

Social Security Allowance:

Medical insurance stipend: Name of carrier:

Other compensation:

Car/Travel reimbursement

Professional expenses:

Continuing Education:

Books/Subscriptions:

Paid vacation: weeks\_\_\_\_ Sundays\_\_\_\_

Other:

2022 compensation is Above/In Keeping/Below guidelines