

Central States Synod
Evangelical Lutheran Church in America

ANNUAL REPORT OF SYNOD AUTHORIZED MINISTER
Serving under covenant
For year: **2020**

Date:

Name:

Address:

Telephone(s):

E-mail address:

Home Congregation:

Year of Certification as PMA:

Supervising Pastor(s):

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 next year, what will be the special emphases of your ministry?

As you engage in these special emphases, what encouragement and support will you need?

Please list the continuing education and synod events you have participated in.

Do you any concerns or issues you would like to share with the Bishop's Associate? (Would you like to make any changes in your current position?)

Please provide information regarding your compensation. (Please note if you are full time, part-time, how many hours a week)

2020
Compensation
Salary _____
Retirement _____
Medical insurance _____
Automobile allowance _____
Other professional expenses _____
Continuing Education _____
Vacation time of _____ weeks
Continuing Ed. time of _____ weeks per year

2021
Compensation
Salary _____
Retirement _____
Medical Insurance _____
Automobile allowance _____
Other professional expenses _____
Continuing Education _____
Vacation time of _____ weeks
Continuing Ed time of _____ weeks

Signature of SAM _____

Signature of Supervising Pastor _____

Send this report no later than **January 10, 2021** to:

Rev. Adam Wutka, CSS Director of Lay Ministry

St. Mark Lutheran Church

2101 Jackson St.

Great Bend, KS 67530 or email to pastoradamtlbwy@gmail.com