

EVANGELICAL LUTHERAN CHURCH IN AMERICA
CENTRAL STATES SYNOD



Position Description

Congregation/Ministry to be served: *(for more than one, please list all)*

Name _____

City _____ State _____

Congregation ID code (5 digits) _____

Roster status required: *(check one)*

_____ Ordained Pastor _____ Associate in Ministry
_____ Diaconal Minister _____ Deaconess

Will the person called be the only rostered person serving the congregation/ministry?

_____ Yes

_____ No, the position is one of the following:

_____ Senior Pastor _____ Associate / Assistant Pastor
_____ Associate in Ministry _____ Diaconal Minister
_____ Deaconess

(If this is a multiple staff situation): For what particular tasks or areas of the congregation's life will the person called or appointed be responsible? Please attach job description.

Is the position full-time? If no, what percentage of full-time?

_____ Yes

_____ No – Percentage of full-time: _____ percent

Is this a new or existing position?

_____ New position

_____ Existing position

What is the length of term of this position or call?

_____ Continuous (without limitation)

_____ Co-terminus with the senior pastor

_____ Fixed term, for a period of _____ years *(needs the Bishop's prior approval)*

Does the ministry require skills in any language other than English?

_____ No

_____ Yes – Which language(s)? _____

Compensation and Professional Expense Reimbursement

Range of base salary: \$_____ Range of base salary including housing allowance: \$_____

In addition to base salary, we provide: *(please check those that would apply)*

Parsonage

Housing equity allowance: \$_____ *(if applicable)*

Social Security offset

Continuing education of 14 days & ELCA recommended minimum allowance of \$_____

Four weeks vacation, including four Sundays

Car or Mileage allowance

Health and pension through ELCA Board of Pensions

Other _____

Contact Information for Council President

Name _____

Phone – Day _____ Evening _____

Address _____

City _____ State __ ZIP _____

Email _____

Contact Information for Call Committee Chairperson

Name _____

Phone – Day _____ Evening _____

Address _____

City _____ State _____ ZIP _____

Email _____

Signed by: _____
Council President or Vice-President Date

Signed by: _____
Council Secretary Date

Return to: Central States Synod, 21 N. 12th St., Ste. 210, Kansas City, KS 64102
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