

Annual Report on Teaching Elders

Submit annually to your Ministerial Committee with the Change in Terms of Call form, G.21-2D.1(e-f)

Presbytery _____ For year _____

Minister _____

Church _____ Length of ministry at this church _____

Was a performance review done of your ministry this year? Yes No

What is your annual vacation benefit? _____ Percentage you used this year _____

What is your annual study leave benefit? _____ Percentage you used this year _____

Are you accumulating this study leave to take a six-week study leave? Yes No

Are you covered by the EPC medical plan? Yes No

If "Yes," do you participate in the EPC Wellness Program? Yes No

If "Yes," did you receive your free annual physical this year? Yes No

Are you covered by the EPC dental plan? Yes No

If "Yes," did you receive your free annual dental exam this year? Yes No

Are you covered by the EPC vision plan? Yes No

If "Yes," did you receive your free annual vision test this year? Yes No

Do you participate in the EPC retirement plan? Yes No

If "Yes," did you consult with a Fidelity retirement advisor this year? Yes No

Do you remain in accord with your ordination vows (G.13-2)? Yes No

If "No," please explain _____

(Continued)



Describe your ministry in the past year

Describe any significant challenges you faced

Describe your upcoming year of ministry

Describe how the Presbytery can better support you

Signature _____ Date _____