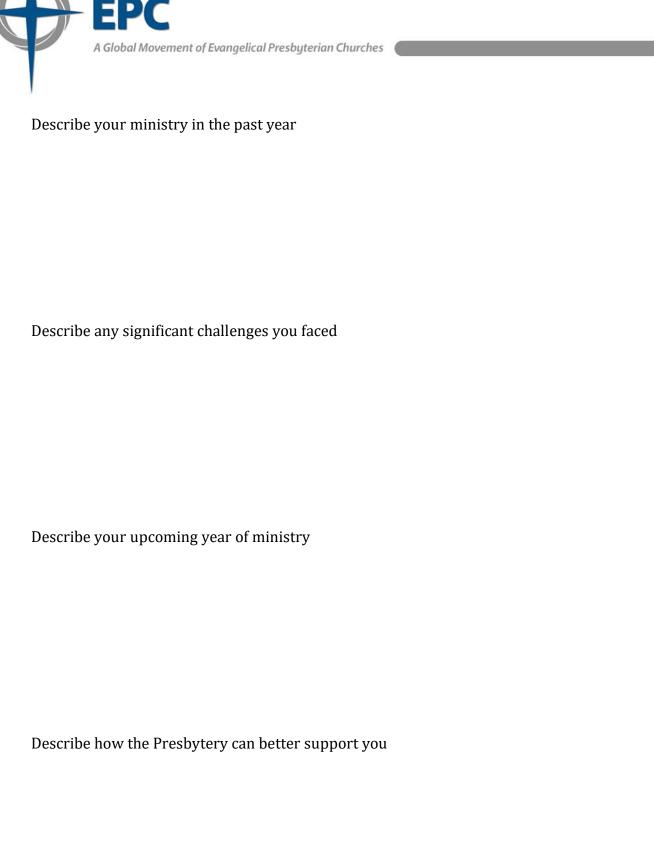


Annual Report on Teaching Elders
Submit annually to your Ministerial Committee with the Change in Terms of Call form, G.21-2D.1(e-f)

Presbytery	For year
Minister	
Church Length of ministr	ry at this church
Was a performance review done of your ministry this year?	☐ Yes ☐ No
What is your annual vacation benefit?Percentage you	u used this year
What is your annual study leave benefit?Percentage you	u 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? If "Yes," do you participate in the EPC Wellness Program? If "Yes," did you receive your free annual physical this year?	<ul><li>☐ Yes</li><li>☐ Yes</li><li>☐ No</li><li>☐ Yes</li><li>☐ No</li></ul>
Are you covered by the EPC dental plan? If "Yes," did you receive your free annual dental exam this year?	☐ Yes ☐ No ☐ Yes ☐ No
Are you covered by the EPC vision plan? If "Yes," did you receive your free annual vision test this year?	☐ Yes ☐ No ☐ Yes ☐ No
Do you participate in the EPC retirement plan? If "Yes," did you consult with a Fidelity retirement advisor this year?	☐ Yes ☐ No ☐ Yes ☐ No
Do you remain in accord with your ordination vows (G.13-2)?	☐ Yes ☐ No
If "No," please explain	

(Continued)





Signature

\_\_\_\_\_\_Date \_\_\_\_\_\_