

[PARISH LETTERHEAD]

DATE

NAME

ADDRESS

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Dear _____,

This letter will confirm an offer to you for the position of _____ for _____ Catholic Parish/School. In this position, you will report directly to the principal/pastor. The salary for this position will be \$ _____ per hour/year, paid on a biweekly basis. In addition to base salary, as a part/full time employee, you will be eligible for the comprehensive benefit program offered by the Parish, which currently includes:

Medical Insurance

Replace italicized text with actual benefit details. If this benefit is not offered, delete this section. *The Parish offers comprehensive health insurance benefits through Dean HMO. The Parish pays up to ____% of the premiums of the lowest cost plan.*

Dental Insurance

Replace italicized text with actual benefit details. If this benefit is not offered, delete this section. *The Parish provides a comprehensive dental insurance program that provides routine, restorative and orthodontia coverage for you and your eligible dependents. The Parish pays ____% of the premium cost.*

Vision Insurance

Replace italicized text with actual benefit details. If this benefit is not offered, delete this section. *The Parish provides a vision insurance plan for employees and eligible dependents that provides coverage for both glasses and contact lenses. The Parish pays ____% of the premiums for this plan.*

Disability Insurance

Replace italicized text with actual benefit details. If this benefit is not offered, delete this section. *Long term disability insurance is provided. This coverage pays ____% of your salary, beginning after 90 days of disability. The Parish pays ____% of the premiums for this coverage.*

Life Insurance **Replace italicized text with actual benefit details. If this benefit is not offered, delete this section.** *The Parish provides \$_____ in life and accidental death or dismemberment coverage. The Parish pays _____% of the cost of this insurance.*

Vacation **Replace italicized text with actual benefit details. If this benefit is not offered, delete this section.** *Employees accrue paid vacation benefits biweekly/monthly/annually. You will accrue vacation at a rate of ____days per year. OR Employees are provided with ____days of vacation per year. These days do/do not accumulate to a maximum of _____ days..*

Holidays **Replace italicized text with actual benefit details. If this benefit is not offered, delete this section.** *Employees of the Parish receive _____ paid holidays per year. The exact schedule of holidays may vary from year to year.*

Sick Days **Replace italicized text with actual benefit details. If this benefit is not offered, delete this section.** *There are _____ paid sick days each year, which are accrued on a biweekly basis. Sick days can be accumulated up to a total of _____ days.*

Bereavement **Replace italicized text with actual benefit details. If this benefit is not offered, delete this section.** *Employee shall receive without loss of pay up to three (3) days of bereavement leave for family, identified as employee's spouse, parent, child, sibling, daughter-in-law, son-in-law, parent-in-law, grandparents, or grandchildren.*

Retirement **Replace italicized text with actual benefit details. If this benefit is not offered, delete this section.** *The Parish contributes _____% of your base salary to the 401k retirement program and will match an additional _____% of your own contributions.*

All benefit plans are governed by the terms of the actual benefit contracts. Summary Plan Descriptions will be available to you at time of hire, or may be requested in advance.

Reduced School Tuition **Replace italicized text with actual benefit details. If this benefit is not offered, delete this section.** *All Parish/School employees are eligible for reduced tuition for their children who attend the parish Catholic school. Tuition for employees is reduced by _____% of the stated parishioner/cluster rate.*

Continuing Education

Replace italicized text with actual benefit details. If this benefit is not offered, delete this section. *Parish/School employees may receive up to \$_____ annually to be used to further their education or for their professional development . Requests must be related directly to the employee’s duties and must be submitted and approved by the immediate supervisor (principal, DRE, pastor) prior to any payment.*

Seat of Wisdom

Replace italicized text with actual benefit details. If this benefit is not offered, delete this section. *All teachers and catechists must attain certification through the Seat of Wisdom, adult faith formation program provided by the Diocese. The parish will pay _____% of the course costs.*

This is an offer of at-will employment with _____Parish. Consequently, either party may terminate the employment at any time and for any reason without advance notice.

This offer is contingent upon satisfactory completion of reference and background checks as well as confirmation of receipt and agreement to abide by the *Diocese of Madison Code of Pastoral Conduct* and completion of required "Save Environment" training.

Please note that in order to maintain employment, every employee of the Parish is expected to conduct herself/himself as a moral person in accordance with the standards of the Catholic Church, and to uphold all applicable federal, state and local laws.

Please indicate your acceptance of this offer by signing and dating the original copy of this offer letter, and returning it to me as soon as possible.

Sincerely,

NAME

Pastor/Principal

Accepted:

[Employee Name]

Date

cc: [Name and title of Pastor, if signed by Principal]

[Name and title of Trustee, if applicable]