

EMPLOYMENT AGREEMENT: FISCAL YEAR 20__ - 20__

PRIEST'S NAME: _____ **PARISH/ENTITY:** _____

ADDRESS OF RESIDENCE: _____ **CITY:** _____

Diocesan policy requires that annually by July 15 every salaried priest of the Diocese of Spokane complete an Employment Agreement with the parish or entity to which he is assigned, using this form. Priests granted a sabbatical, assigned to further studies, or released for specialized ministry must complete an adapted form of the Employment Agreement signed by the Bishop.

1. REASONABLE FAIR MARKET VALUE OF HOUSING: *(check the one which applies)*

- Rectory (shared-use building) *cf. 6.a*
(inclusive of utilities/auxiliary utilities) \$ _____
- Parish/entity owned housing *cf.6.b*
(inclusive of utilities/auxiliary utilities) \$ _____
- Priest owned housing *cf. 6.c*
(inclusive of utilities/auxiliary utilities) \$ _____

This same fair market value of housing is to be reflected in the computation of Self-Employment Tax (FICA).

2. REQUESTING REIMBURSEMENT FOR VEHICLE TRANSPORTATION EXPENSES:

- A. Using accountable standard mileage rate *cf. 10.b*
- B. Using non-accountable vehicle allowance *cf. 10.a* \$ _____ (not in excess of \$400 *cf. 10.a*)

3. FOOD ALLOWANCE (Cf. Diocesan Policy for details)

- Standard allowance; figure taken from schedule found in policy statement \$ _____
- Allowance less than the standard allowance \$ _____
- Allowance split (not to exceed \$400/month): Parish provides: \$ _____ To Priest: \$ _____
- Served by rectory cook, allowance split as follows:
- Prepared meals: \$ _____ Parish provides: \$ _____ To Priest: \$ _____
- No allowance is sought. *(Reimbursed upon presentation of receipts.)*

[Total not to exceed \$400/month in any of the above options]

4. TOTAL FICA REIMBURSEMENT SHOWN ON PREVIOUS YEAR'S TAX RETURN: \$ _____

Amount is from Line 5 on Schedule SE. Attach previous year's Schedule SE form (to diocese's copy only).

5. ANTICIPATED MONTHLY REIMBURSEMENT: \$ _____

(Divide the sum from #4 above by 12 months)

6. THE PRIEST DETERMINES THE AMOUNT OF TAX TO BE WITHHELD PER MONTH: \$ _____

(Normally, this figure is the sum on line #5 above plus approximately \$150.)

7. MONTHLY SALARY CHECK CALCULATION:

- Monthly salary determined from approved salary scale: \$ _____
- Add amount shown on #2B above: \$ _____
- Add amount shown on #3 above: \$ _____
- Add amount shown on #5 above: \$ _____
- Subtract amount shown on line #6 above: \$ _____
- Amount of net monthly check \$ _____

8. OTHER PROVISIONS:

The parish/entity provides reimbursement for vehicle liability insurance coverage, recorded mileage, phone and professional and ministerial expenses to the extent stipulated in diocesan policy.

SIGNATURE (PRIEST) _____ **DATE:** _____

SIGNATURE (PASTOR, PASTORAL/FINANCE COUNCIL) _____ **DATE:** _____

Original to be kept by the priest. Submit a **copy** to the parish/entity. Submit a **copy** to the Bishop's Office