MINISTRY AGREEMENT

Between Parishes within the Diocese of Gallup and Religious Women/Men

Employer

Name: _____

Address: _____
Street City State Zip Code

Phone: _____ Fax #_____ E-mail _____

Employee

Name: _____

Address: _____
Street City State Zip Code

Phone: _____ Fax #_____ E-mail _____

Position

Title: _____

Accountable To: _____

Please attach a ministry description to this agreement.

Term

Term of Employment: _____ Commencement date: _____
Year(s) Month/Day/Year

Employee's Compensation

Yearly Amount: $_____

Amount of vacation time: _____ Amount of retreat time: _____

Amount of time for commitments involving one's religious community_____

Please attach an Income Information for Religious form to this agreement.

Notice to Terminate Employment Agreement:

Both employer and employee should give a 30-day notice in accord with the Guidelines for Employment Terminations of Member of Religious Orders Employed in the Diocese of Gallup

Other agreements may be negotiated that do not alter the above. Please add them to this agreement and mail all the proper documentation either to the Bishop's Delegate for Women Religious or the Chancellor. The address for both is P.O Box 1338, Gallup, NM 87305-1338

_____ _____
Employee Signature Employer Signature

_____ _____
Date Date