

**PRESBYTERY OF LAKE MICHIGAN
MEMO OF UNDERSTANDING**

This memo outlines the Presbytery's understanding of the conditions of employment
as an "at-will" employer
in accord with the guidelines of the Presbytery's Personnel Policy Manual

EMPLOYEE:

EMPLOYER: Presbytery of Lake Michigan, Presbyterian Church (U.S.A.)

DATE:

POSITION TITLE:

As outlined in the Position Description, dated _____, and
approved by -
___ Staff Services ___ Leadership Team (reports to Presbytery)

EFFECTIVE DATE:

EMPLOYMENT STATUS: ___ Exempt ___ Non-exempt ___ Contracted

HOURS: ___ Full-time **or** ___ Part-time: _____ hours per week

COMPENSATION: Salary _____ Hourly _____ (per hour) Payable _____

BENEFITS:

As defined in the Personnel Policy Manual adopted August 2004:
(check all that apply)

- ___ Social Security/Medicare
- ___ Pension/Major Medical/Disability/Death
- ___ Tax-sheltered annuities
- ___ Workers' Compensation
- ___ Flexible Spending Arrangement
- ___ Holidays: ___ Paid for full-time ___ Not paid for part-time
- ___ Personal days
- ___ Vacation
- ___ Service credit
- ___ Accountable Reimbursement Plan
- ___ Death in service
- ___ Professional development: Amount _____ Time _____

Signature of employee

Date

Signature of Staff Services Moderator on behalf of the Presbytery

Date