



DIocese OF OWENSBORO

MEMORANDUM OF UNDERSTANDING

Year: _____

Note: The following information provided is for an “at will” employee and does not indicate contract status. Rather, the information clarifies work hours and salary expectations for the position. Attached is the job description for further clarification of expectations.

Name: _____

Position: _____

Handbook: _____

Parish: _____

Hours: _____

Days: _____

Choose One:

Exempt

Non-Exempt

Choose One:

Hourly

Salaried

Choose One:

Full Time

Part Time

Temporary

Starting Rate of Pay: _____

*Effective January 1, 2027, a full-time person is defined as someone who will work 30 hours or more per week. Benefits: According to the “Diocese of Owensboro Employee Policy Handbook”

Paid Days Off Available as of _____:

Vacation Days: _____

Sick Days: _____

Personal Days: _____

Other Notes:

I understand and accept the above information and have read my job description.

Signature of Employee: _____ Date: _____

Signature of Supervisor: _____ Date: _____