



Employee Compensation and Benefit Contract 2022

Employee Data

Name _____ Potential _____
 Employment Date _____

Title _____ Full Time Employment _____

Compensation and Benefit Worksheet

Annual Compensation

Employer's portion of Federally Mandated Benefits

Social Security	\$0.00
Medicare	\$0.00
Worker's Compensation	\$0.00

Total employer's portion of Federally Mandated Benefits 0.00

Employer's portion of Employee's Non Elective Benefits

Projected Y Retirement benefit after 2 year eligibility period	\$0.00
<i>5% paid by the employee and 7% by the YMCA-Fully vested after the 2 year period</i>	

Total Employer's portion of Non Elective Benefits 0.00

Employer's portion of Employee's Elective Benefits

Health Insurance	\$0.00
Adult premium (Paid by the YMCA)	<i>\$0.00 per month</i>
Family premium	<i>\$0.00 per month</i>
Life Insurance Disability	\$0.00
Disability	\$0.00
Dental/Vision	N/A
Vacation (per week)	\$0.00
Sick (per Year)	\$0.00
Holiday (per Year)	\$0.00
Cell Phone Peridium (per Year)	\$0.00
Mileage Reimbursement (In accordance with the State of ND)	.56 per mile

Total Employer's portion of Elective Benefits 0.00

Total of All benefits and compensation 0.00

This is a non-revocable employment contract for a period of 30 days. After such time I understand that I have the right to terminate my employment at any time with or without cause, and my employer likewise, has the right to terminate the employment relationship at any time with or without cause or without notice.

Minot Family YMCA

Employee:

Per: _____
 Roger Mazurek
 Executive Director

 Employee