

Date_____

Private & Confidential

First Name and Last Name
Address
City
Postal Code

Dear _____,

We are pleased to offer you the position of (*Full-Time/ Part-Time*) _____ in the (*department or unit*) _____ at (*Company Name*) _____.

Your first date of employment will be (*Start Date*) _____. You will report directly to (*Person Name*)_____.

Compensation

Your rate will be _____\$, subject to applicable statutory deductions and paid by direct deposit to your bank account on a bi-weekly schedule.

Vacation

All employees are required to wait until their three-month probationary period is complete before being eligible to take vacation time. In each calendar year, you will be entitled to (*Number of Week*) _____ week’s vacation. This year your entitlement will be (*Number of Days*)_____ days, which is pro-rated to your start date. All vacation time-off must be approved in writing in advance by your manager.

Paid Personal Holiday

After (*Number of Months*) _____ of continuous service, you will be eligible for (*Number of Days*) _____ paid personal holiday in each calendar year.

Hours of Work

As a full-time or part-time employee, your normal work week will consist (*Number of hours*) _____ hours.

Probationary Period

Your employment will be probationary for a period of three (3) months, during which time (Company Name) _____ will assess your suitability for the position. Following the successful completion of your probationary period, your performance and salary will be reviewed in conjunction with (Company Name) _____ annual time lines.

Short Term Disability Days

(Company Name) _____ provides a short-term disability days of (Number of Days) _____ days for non-work related illness or injury.

Group Insurance Benefits

After (Number of Months) _____ of service, you will be eligible to participate (Company Name) _____ group insurance benefit plan. This plan includes the following coverage: (health care and dental care insurance, Life care) _____ available to you on a cost-sharing basis. Please refer to the attached summary for details.

(Company Name) _____ reserves the right to change the carriers and/or level of coverage or eliminate any benefit in its entirety at any time upon 30 days written notice to you.

Pension Plan / Retirement Plan

As a (Full-Time or Part-Time) _____ employee, you are eligible to join (Company Name) _____ (Pension Plan or Retirement Plan) on (Date) _____ .

Privacy/Confidentiality

"I shall safeguard the confidential and personal information of (Company Name) _____. I shall conform to all practices, procedures, standards and guidelines, which may be established from time to time by (Company Name) _____ including but not limited to confidential, personal and proprietary information as well as privacy.

I shall protect (Company Name) _____ confidential and/or proprietary information from any unauthorized access, disclosure, reproduction, alteration and/or use, both during and after my employment with (Company Name) _____. I shall not use confidential, personal or proprietary information gained by virtue of employment for personal gain or for any other purpose, which is not directly related to my employment.

Upon the end of my employment (*Company Name*) _____, I shall immediately return to (*Company Name*) _____ all personal, private and/or proprietary information (including any clientele books) and I will not disclose or make any use of personal, private and/or proprietary information of (*Company Name*) _____ after my employment with (*Company Name*) _____."

If the above terms are acceptable to you, please sign and date both copies of this letter and return one copy to (*Company Name*) _____ by (*Date*) _____.

(*First Name*) _____, we are delighted that you have considered joining the (*Company Name*) _____ team. Should you have any questions, please feel free to contact (*Person Name*) _____ at (*Phone Number*) _____.

Sincerely,

Hiring Person Name
Title

Accepted and agreed to the above terms and conditions this
_____ day of _____, (*Year*) _____.

Signature