OFFER OF EMPLOYMENT

Date:	
State	:
Coun	ty:
To: _	[Employee's Name]
	[Employee's address]
	[Email, phone]
From	:[Employer's Name]
	[Employer's Representative Name]
	[Employer's address]
	[Email, phone]
The e	are pleased to offer you the position of at, ct to the successful completion of all pre-employment requirements. employment terms and conditions are as follows: cion: ertment: tion:
	date:
	Term of employment:
	Your Job responsibilities will be as follows:

☐ Benefits: You will be eligible for our Company benefits package, namely:	
 □ Paid vacation: You will be entitled to days of paid vacation for each year employment in accordance with our internal policies. □ Paid sick leave: You will be entitled to days of paid sick leave for each yof employment in accordance with our sick leave policy, which may be periodic modified. □ WORKING SCHEDULE: Your regular working hours will be as follows: 	ear
REPORTING:	
You will report to	
OTHER INFORMATION:	
Please review the above terms and conditions carefully. If you decide to accept this Offe employment, please provide us with your written response to this Offer no later t	
We are looking forward to hearing from you soon.	
Sincerely,	
Employer's Representative Name, Title and Signature	