[name]

[address]

[address]

[city state postcode]

[date]

Dear [name]

It is with great pleasure that we confirm your appointment as [position title] with [Director/Business name].

Please find attached our letter of offer for this position and position outline. Please print 2 copies, sign both copies and bring to your first day.

I am positive that in the coming years your contribution will be a valuable one and you will learn and grow within our business so we both achieve everything we want to. We are excited to have you in this new role.

Kind regards

[Director]

[Business name]

**Employment Agreement – [Business name]**

**[Position title]**

Employee: [name]

Full-time starting date: [Start Date] at [Start Time] to [End Time] [End Date]

Salary: [amount] to be paid on [day or time].

Annual Leave: [ ] days paid at rate of salary and pro-rata.

Holiday/annual leave will be taken with minimum [ ] month notice to [Business name]. Office closes [for purpose and period]

Sick Leave: [ ] days per annum

Job Review: 1 x 3 months with performance review then every 4 months

Hours: Office hours are [hours and days]. Additional hours of work are required on a basis to achieve the required goals.

Bonuses: i) [Bonus]

 [Conditions of Bonus]

Training/Conference
Attendance: i) Paid [Training/Conference]

 ii) Paid [Training/Conference]

 ii) Paid [Training/Conference]

Dress Code: Professional Business Attire

Scope of Role: Your responsibilities and duties will include, but not be restricted to:

[Responsibilities and duties]

[Responsibilities and duties]

[Responsibilities and duties]

[Additional Duties]

Termination: Both parties out of good will agree to give either party [ ] days notice in writing for terminating this agreement and honour the stated notice period in time and pay.

Confidentiality: All business dealings, intellectual knowledge are to be kept strictly confidential.

For [Business name] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_