

Terms of Employment

Date: ____/____/____

Employee Information:

Name of Employee: _____

SSN: _____ - _____ - _____ Date of Birth: ____/____/____ Sex: Male Female

Address: _____

Salary Information:

New hire Status change - Reason: _____

Position: _____

Date of hire: ____/____/____ Subject to 90 day probation: Yes No

Salary: \$_____ per hour \$_____ salaried
 annually
 weekly biweekly
 monthly semimonthly

Effective Date: ____/____/____

Subject to Overtime Regulations: Yes No

Benefits: (upon completion of probationary period)

- | | |
|--|---|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Uniform allowance | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Personal time off (PTO) | <input type="checkbox"/> Paid holidays |
| <input type="checkbox"/> Other _____ | |

Special Conditions of Employment:

Your signature below signifies that you agree to the terms listed above and the rules and guidelines outlined in the office policy. Additionally, your signature signifies understanding that this organization is an "at-will" organization. Just as we respect your right to terminate your position for whatever reason, without cause, at any time subject to appropriate notice, we reserve the same right.

Employee Signature

_____/____/____
Date

Employer Signature or Representative

_____/____/____
Date