

**CONFIRMATION  
EMPLOYER OFFER OF EMPLOYMENT**

TO: Unified Services I, Inc

Company Name: \_\_\_\_\_

New Employee Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

- I have a copy of employee's Drivers License  
-and-
- I have a copy of employee's Social Security Card  
-or-
- I have a copy of employee's Passport

Position (Description): \_\_\_\_\_

\_\_\_\_\_

Actual Start Date: \_\_\_\_\_

Hourly Pay Rate: \$\_\_\_\_\_

Salary / Per Pay Period: \$\_\_\_\_\_

Commission Only: YES\_\_\_\_ NO\_\_\_\_

Hourly Pay Rate for Mandatory Sick Pay: \$\_\_\_\_\_

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

Unified Services I Inc.  
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