

EMPLOYER OFFER OF EMPLOYMENT

Company Name: _____

Employee Name: _____ **SSN:** _____

Start Date: _____ **Position:** _____

Hourly Pay Rate: \$ _____ Salary/Per Pay Period: \$ _____ Annual Salary: \$ _____

Hourly Pay Rate for Mandatory Sick Pay: \$ _____

Commission Only: YES NO

- Regular Full Time (30 hours or more) Hours per week: _____
- Regular Part Time (29 hours or less) Hours per week: _____
- Temporary (Less than 6 months) Hours per week: _____
- On Call (As Needed)
- Seasonal From _____ to _____
- Contract (Provide copy of employee's contract)

For Employee's I-9 Form I have a copy of:

- Driver's License Valid State ID
- Social Security Card Birth Certificate
- Passport Other: _____

Employer Signature: _____ **Date:** _____