

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: _____