Click or tap to enter a date.

**Re: Offer of Employment**

Dear Click or tap here to enter text.,

I am pleased to offer you the position of Click or tap here to enter text. with Click or tap here to enter text., and I’m confident that you will provide outstanding care for our patients.

The following outlines the terms and conditions of your offer:

Title: Click or tap here to enter text.

Primary responsibilities:

* Click or tap here to enter text.

Start date: Click or tap to choose date.

Regular Workdays: Click or tap here to enter text. (Click or tap here to enter text. hours per week minimum.)

Hourly Pay Rate: Click or tap here to enter text.

Probationary Period: Click or tap here to enter text. days

Supervisor: Click or tap here to enter text.

Paid Time Off: Click or tap here to enter text.

When the doctor is away: Click or tap here to enter text. may require practice coverage in his/her absence or may not be able to provide work hours when he/she is away from the office. This position will be scheduled at Click or tap here to enter text. discretion.

Requesting Time Off: Scheduled time off must be requested in writing and receive written approval two weeks in advance.

Paid Holidays: New Years, Memorial Day, 4th of July, Labor Day, Thanksgiving and Christmas

Your employment shall be at will. This means your employment may be terminated by Click or tap here to enter text. or by you with or without notice. You understand and acknowledge that only the owner of the practice may authorize any exception to this policy.

By signing this letter below, you accept our offer of employment on the terms described herein. We look forward to the opportunity to work with you in an atmosphere that is successful, mutually challenging and rewarding.

Sincerely,

Click or tap here to enter text.

Click or tap here to enter text.

With the signature below, I accept this offer for employment as the Click or tap here to enter text. for Click or tap here to enter text..

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Name Date