\_\_\_\_\_(Date)

**Re: Offer of Employment**

Dear \_\_\_\_ (Applicant Name),

I am pleased to offer you the position of \_\_\_\_\_ (Position Title) with \_\_\_\_\_ (Practice Name), and I’m confident that you will provide outstanding care for our patients.

The following outlines the terms and conditions of your offer:

Title: \_\_\_\_\_ (Position Title)

Primary responsibilities:

* \_\_\_\_\_ (Primary Duty Bullet Points)

Start date: \_\_\_\_\_ (Date)

Regular Workdays: \_\_\_\_\_ (Days of the week) \_\_\_\_\_ (Hours) (hours per week minimum.)

Hourly Pay Rate: \_\_\_\_\_ (Hourly Pay Rate)

Probationary Period: \_\_\_\_\_ (Number of Days) days

Supervisor: \_\_\_\_\_(Name)

Paid Time Off: \_\_\_\_\_ (Appropriate PTO Policy)

When the doctor is away: \_\_\_\_\_ (Doctor’s Name) 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 \_\_\_\_\_ (Doctor’s Name) 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 \_\_\_\_\_ (Doctor’s Name) 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,

\_\_\_\_\_ (Your Name)

\_\_\_\_\_ (Your Title)

With the signature below, I accept this offer for employment as the \_\_\_\_\_ (Position Title) for \_\_\_\_\_ (Practice Name).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date