Date:  
Name ( Whom The Letter Is Addressing)  
Address  
Contact No.  
Email Id  
Dear Name Of The Person,  
It is my pleasure to extend the following offer of your appointment on behalf of (company name). Our Company (company name) is offering you this job that you have applied for. This offer is dependent on your compulsory drug screen, receiving our college transcripts, and any other clashes you may wish to make. Below every detail of work and other related subjects is described. Read the letter carefully and respond.  
Title Of The Job:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Location Report:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Job Description  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Base salary:  
Your base salary will be paid in a bi-weekly custom of \_\_\_\_\_\_\_\_\_, which is equivalent to \_\_\_\_\_\_\_ annually and a deduction for taxes and other detainees by law or by company policies.  
Bonus:  
Based on the satisfactory completion of the first 90 days of employment and the goals and objectives agreed with your manager for the performance improvement planning process, you may be eligible for a bonus. The bonus plan for this year and beyond should be a plan that will be based on the formula set by the company for the year. In addition, the role of some organizations like yours is eligible for commission.  
Incomplete Agreement:  
Our standard non-compete agreement must be signed before your start date.  
Benefits:  
At present, standard company health, life, disability and dental insurance coverage are generally provided in company policy. Eligibility for other benefits, including 401 (k) and apprenticeship reimbursement, will generally be adopted per company policy. Employee contributions to payment for benefit plans are determined annually.  
Alternative Funds:  
Spell any options that may be available for purchase.  
Closed holidays and personal emergency times:  
The vacation period is respected at every x.xx hour, which is equal to two weeks on an annual basis. Personal Emergency Days are usually submitted per company policy.  
Cost:  
The Company will pay for any ongoing or other conversion costs.  
Start date:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Car / Phone / Travel Costs:  
General and reasonable costs will be paid to company policy on a monthly basis.  
(Company Name) may terminate the relationship at any time, with or without cause, with or without notice to any party.  
You acknowledge that this proposal letter (including the final form of a referenced document) represents the entire agreement between you and (the company name), and any oral or written agreement, promise or presentation that is not specifically mentioned in this proposal, or is (the Company's) Name) to be binding upon.  
If you are in agreement with the above outline, sign in below. This offer is valid for five business days.  
Signature:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(For Company: Name)  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(Candidate's name)  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date