

EMPLOYMENT AGREEMENT

Welcome to META.

We hope you enjoy your employment with us.

The following agreement outlines your rights and responsibilities. It is designed to provide you with clarification. You should ask for further explanation if anything is unclear to you.

Please complete your details below, then sign and date it and return it to:

*c/- Human Resources,*

*META},*

*{ADDRESS}, {CITY STATE ZIP}*

by the following date: *{EXPIRATION DATE}*.

**This employment agreement is between META (Company) and {CANDIDATE FULL NAME} (Employee).**

For good consideration, the (Company) employs the (Employee) on the following terms and conditions.

1. Employer

Your employer is META

1. Position Title

Your current Position Title is {POSITION TITLE}.

1. Internal Reporting

You will report to {REPORTS TO FULL NAME}.

1. Location of Position

Your current location is {OFFICE LOCATION}.

1. Salary and Benefits

Your current remuneration is ${PER-YEAR PAY} per annum, plus the Company Superannuation Guarantee Charge.

Payment will be made directly into your nominated bank account.

1. Salary payments

Payment is made every month. The first payment will be on {START DATE}

The Company’s "Superannuation Guarantee Charge" contribution currently is 9% of the salary quoted above.

1. Annual Leave and Long Service Leave

Your Annual Leave provision is 20 working days per annum.

Except by prior arrangement with the Managing Director, annual leave must be taken within six months of the end of the year in which it accrued.

1. Sick/Careers Leave

Your paid Sick/Careers Leave provision is six days in your first year of service and ten days per annum thereafter.

1. Hours of Work

You are required to work a minimum of 90 hours per week.

Your manager is responsible for determining the normal span of working hours within your area to meet the needs of the Company, and you are required to work within the span advised to you.

I accept the above agreement of my terms and conditions of employment.

NAME: {CANDIDATE FULL NAME}

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_