**Offer of Employment Worksheet**

**Employee Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reports to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scheduled Work Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status (FT, PT, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exempt/Non-Exempt: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Compensation:**

Salary (by pay period): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bonus (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scheduled Performance Review: \_\_\_\_\_\_\_\_\_\_ Scheduled Salary Review: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Benefits:**

# Vacation Days: \_\_\_\_\_\_\_\_\_\_ # Sick Days: \_\_\_\_\_\_\_\_\_\_ # Personal Days: \_\_\_\_\_\_\_\_\_\_

Eligible for group health plan? \_\_\_Yes \_\_\_ No

Other benefits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Considerations (pre-arranged vacation, time off, etc.):

**Other:**