

Employee Stock Option Plan Assessment

Date: [Insert Date]

To: [Employee Name]

From: [Your Name]

Subject: Assessment of Employee Stock Option Plan Participation

Dear [Employee Name],

We are pleased to inform you that your recent performance and contributions to [Company Name] have been evaluated with respect to the Employee Stock Option Plan (ESOP). This assessment is critical in determining your eligibility for participation in our ESOP.

Assessment Summary:

- **Position:** [Employee Position]
- **Duration of Employment:** [Duration]
- **Performance Rating:** [Performance Rating]
- **Eligibility Status:** [Eligible/Not Eligible]

If you are determined eligible, you will receive further details regarding the stock options available to you and the next steps in the process. Should you have any questions or require further information, please do not hesitate to reach out.

Thank you for your hard work and dedication to [Company Name].

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]