

# Employee Stock Option Plan Eligibility Confirmation

Date: [Insert Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Dear [Employee Name],

We are pleased to inform you that you are eligible to participate in the Employee Stock Option Plan (ESOP) offered by [Company Name]. Your eligibility is based on your employment status and tenure with the company.

Details of your eligibility are as follows:

- Position: [Employee Position]
- Start Date: [Employee Start Date]
- Vesting Schedule: [Insert Vesting Schedule]

Please review the enclosed documents for additional information regarding the plan, including the terms and conditions of participation.

Should you have any questions or require further clarification, feel free to reach out to the HR department.

Congratulations on this opportunity!

Sincerely,

[Your Name]

[Your Position]

[Company Name]