

# Health Care Employment Offer Agreement

Date: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

## Employment Agreement

Dear [Employee Name],

We are pleased to extend an offer of employment for the position of [Job Title] with [Employer Name]. Your start date will be [Start Date]. You will report directly to [Supervisor's Name].

### Terms of Employment:

- **Salary:** \$[Salary] per [hour/year]
- **Benefits:** [Health Insurance, Retirement Plans, etc.]
- **Work Schedule:** [Full-Time/Part-Time, Days/Hours]

Please sign and return this agreement by [Response Deadline] to confirm your acceptance of this offer. We look forward to welcoming you to our team.

Sincerely,

[Your Name]

[Your Job Title]

[Employer Name]

[Contact Information]

### Acceptance of Offer

I, [Employee Name], accept the above employment offer and agree to the terms stated herein.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_