**[City]**, **[Date]**

**[Your full name]**

**[Your company address]**

# Subject: Contract of Employment - [Position]

**[Title] [Employee name]**,

We are pleased to offer you the position of **[Position]** on our team. This document outlines the main terms and conditions for this position. We recommend that you read this document thoroughly and invite you to ask questions and share any comments you may have.

**Contract of employment between:**

**Employer:** **Employee:**

**[Name, address, contact information]** **[Name, address, contact information]**

**Effective Date of Employment**

Should you agree with the terms and conditions below, your effective date of employment shall be set on **[Date]**.

**[If this is a temporary contract, specify the contract’s length in weeks, months, or years, as the case may be. You can also indicate whether there is a possibility of extension following evaluation.]**

**Work Schedule**

Your work schedule shall be of **[X]** hours per week. The company’s standard work week is of **[X]** hours.

**Remuneration**

Your wage shall be set to $**[X]** per hour. **[Specify the employee’s monthly wage or yearly salary, as the case may be.]**

**Fringe Benefits**

**[Specify the different fringe benefits offered to the employee (e.g., leaves, discounts, insurance, pension plan).]**

**Vacation Leaves**

Based on your seniority, you will benefit from our vacation plan as follows:

* **[Period]: X** days
* **[Period]: X** weeks
* **[Period]: X** weeks

The reference period for vacation leaves begins on **[Date]**.

**Probationary Period**

A probationary period lasting **[X]** has been established. During this period, the employer reserves the right to modify your status as an employee.

**Additional Terms and Conditions**

**[Specify any additional term or condition (e.g., uniform, individual protective equipment).]**

IN WITNESS WHEREOF, the concerned parties attest to having read and accepted the terms and conditions in this document.

**Signed in:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer signature** **Employee signature**

