

This form is provided as a sample and may not be suitable for every situation. This form should not be considered legal advice or legal opinion. There may be state or municipality specific information that would affect your use of this form. You should review applicable law in your jurisdiction and consult experienced counsel for legal advice. If you use this form (either "as is" or by modifying the form), you are responsible for all content.

YOU SHOULD REMOVE THIS TEXT BEFORE USING THE FORM IN YOUR WORKPLACE.

[Today's Date]

[New Employee Name]

[Street Address]

[City, State, ZIP]

Dear **[Name]**:

I am delighted to confirm the verbal offer of employment extended to you on **[date discussed]**. Your position will be **[Job Title]** reporting to **[Supervisor's Name]** in the **[Department Name]**. Your scheduled start date is **[Date]**.

Your starting compensation will be **[\$ amount]** per **[hour, week, month]**, which will be paid in accordance with the company's pay schedule, subject to any legally permissible deductions.

As a regular, **[type of employee (full-time, part-time, etc.)]** employee of **[Company Name]**, you will be expected to work during the hours of **[____ to ____] [day of the week]** to **[day of the week]**.

As a **[full-time or part-time]** employee, you are eligible for **[all]** applicable benefits listed in the **[New Employee Orientation Packet]**. However, benefits may be changed or removed at any time. You will accrue **[number sick days, vacation days and other paid time off]** per year **[and are also eligible for paid holidays]** in accordance with our company policy. **[You will be eligible to participate in our health insurance plan after [[eligibility period (e.g., 90 days)]] of employment.]**

On your first day of work, please be prepared to provide employment eligibility verification. **[Enclosed]** you will find a list of suitable forms of identification.

This offer of employment is contingent upon **[list any contingencies to offer here, such as the completion of a background check and passing a drug test]**.

[Company Name] is an at-will employer. This means that both you and **[Company Name]** reserve the right to terminate the employment relationship at any time for any reason. This letter serves only to confirm our verbal discussion of your employment and does not constitute a contract of employment.

If you accept this offer of employment, please sign this letter and return it to me no later than **[date offer must be received by]**.

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Sincerely,

[Name]

[Address]

Employee Acceptance of Conditional Job Offer

Employee signature

Date

Printed Name