

Your Clinic Name

Date:

Employee name and address

OFFER OF EMPLOYMENT AND LETTER OF INTENT

Dear _____,

Further to our conversations we are pleased to offer you employment with the _____ Medical Clinic in the role of _____ (primary role) with a start date of _____ at the hourly rate of _____ per hour, working _____ hours per week. Your secondary role (if relevant) will be that as an _____ as required during your working agreement with us in an ongoing role.

Please carefully review the attached job description and employment agreement before signing and returning it to us.

We understand this agreement until finalized is dependent upon completing successful reference checks from your previous employers which you have provided.

Sincerely

(Medical Director)

Accepted by: _____
(Employee)