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December 1, 2016

MOA Name
ADDRESS
Victoria, BC
A1B 2C3

Dear MOA NAME,

This letter outlines the terms of your employment with MY MEDICAL CLINIC.

MY MEDICAL CLINIC will employ you, MOA NAME, in the position of Medical Office Assistant beginning on _____ OR from _____ to _____.

Without an end date, the agreement will remain in effect until it is cancelled by one of the parties. Terms for canceling the agreement are part of the agreement (see below).

A "fixed term" agreement should include terms for renewing it. For example, you can state that the agreement is automatically renewed at the end of each period unless one of the parties cancels it. If you opt for automatic renewal, you should also specify that neither party can refuse to renew; that is, the contract ends only when one of the parties cancel it.

Duties and responsibilities

Your duties and responsibilities are described in an attached Role Description, which is part of this agreement.

Reporting lines

The Medical Office Assistant reports to the MEDICAL DIRECTOR/BUSINESS MANAGER.

Compensation

Salary: The annual salary of Medical Office Assistant is \$ _____ for the first year.

Salary increases will be negotiated to take effect at the beginning of each renewal period.

Pay schedule: The Medical Office Assistant will be paid by DIRECT DEPOSIT/CHEQUE, according to the organization's established pay schedule.

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Work hours/schedule: Standard hours of work for MY MEDICAL CLINIC are 40 hours per week. Any overtime must be approved beforehand by the MEDICAL DIRECTOR/BUSINESS MANAGER.

The employee is granted a 30-minute unpaid lunch break for shifts 5 hours or longer.

Annual leave

The Medical Office Assistant is entitled to annual leave (vacation with pay) in accordance with MY MEDICAL CLINIC's policy.

Other leave

At the present, our policy is that staff may take sick days without pay OR staff may take 5 sick days annually with pay.

Work Clothing

The clinic's dress code for MOAs is scrubs OR business casual.

Employee Performance Monitoring

The performance of the Medical Office Assistant will be reviewed by the BUSINESS MANAGER/MEDICAL DIRECTOR at the following intervals:

- 2 weeks post-hire
- 3 months post-hire
- 6 months post-hire
- 1 year post-hire, and annually thereafter.

Performance reviews will be based on the Role Description attached. MOAs will be notified of any additional areas of review at the beginning of the review period.

Confidentiality

Maintaining the privacy of patients at MY MEDICAL CLINIC is critical. All staff will be required to sign and maintain a Confidentiality Agreement as part of their employment.

Other topics relating to working as part of the MY MEDICAL CLINIC team can be found in the Practice Toolkit, available from the Business Manager or Practice Manager.

Termination Clause

MY MEDICAL CLINIC is entitled to terminate your employment at any time for cause without notice or pay in lieu thereof.

Your employment may be terminated without cause upon the provision of notice or payment in lieu of notice and severance pay in accordance with the provisions of the Employment Standards Act. You will also be entitled to continuation of all benefits and compensation for the statutory notice period as required by the Employment Standards

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Act. You understand and agree to waive any entitlement to additional payments to you or to any additional notice to you upon termination.

If you decided to leave the position of Medical Office Assistant at MY MEDICAL CLINIC, you are requested to give two weeks' notice.

Employee

Date

Employer

Date

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