**Unconditional Job Offer**

[Date]

[Candidate Name]

[Street Address]

[City, State Zip code]

Dear [Candidate Name],

We are pleased to offer you the position of [job title] at [Company Name] reporting to [Name, title].

This position offers a biweekly salary of $\_\_\_\_\_, which is the equivalent of $\_\_\_\_ on an annual basis. This position is considered exempt under the federal and state wage and hour laws, which means you are not eligible for overtime pay beyond your salary.

*[OR]*

This position offers an hourly rate of $\_\_\_\_, which is paid on a weekly basis. This position will be considered a nonexempt position, which means that you will be eligible for overtime time pay for hours worked in excess of 40 in a given workweek [add in any relevant state OT laws here].

This is a full-time position, and hours of work and days are [insert schedule]. Occasional evening and weekend work may be required as job duties demand.

Full-time employees are eligible for company benefits, including \_\_ [days/weeks] of vacation, which is accrued at the rate of \_\_\_\_\_ hours per biweekly pay period. We also offer health, dental and vision benefits, sick leave, company holidays and a 401(k) plan. A summary of company benefits is enclosed with this letter. Further details will be provided at the new-hire orientation program, scheduled during your first week on the job.

Your employment with our company is at-will, which means that either you or the company may terminate the relationship at any time.

As previously discussed, [day, date] will be your first day of employment with us. Kindly indicate your understanding and acceptance of our offer by signing below and returning a copy in the enclosed envelope no later than [date]. This employment offer expires as of [date]. Should you have any questions, feel free to contact [name] at [number].

We look forward to seeing you on [date].

Sincerely,

[Name]

[Job title]

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

I accept the offer of employment set forth above.

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

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