



MEDICINE of THE HIGHEST ORDER

EMPLOYMENT OFFER

This form needs to be completed and signed by all applicable parties prior to extending an offer of employment.

NAME OF PERSON OFFER WILL BE EXTENDED TO		TENTATIVE START DATE	
JOB CODE	JOB TITLE		
HOME DEPARTMENT CODE	HOME DEPARTMENT NAME	SUPERVISOR	
FLSA <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	BIWEEKLY STANDARD HOURS	FTE	SHIFT
STATUS <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> PER	INTERNAL TRANSFER (Complete PAN) <input type="checkbox"/> YES <input type="checkbox"/> NO	REHIRE <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REHIRE LEFT CO.

OFFER

ANNUALIZED AMOUNT:	BIWEEKLY AMOUNT (IF APPLICABLE):	HOURLY AMOUNT (IF APPLICABLE):
OTHER SPECIAL PAY CONSIDERATIONS:		BENEFITS ELIGIBILITY <input type="checkbox"/> NO Benefits <input type="checkbox"/> PTO Only <input type="checkbox"/> Med, Dental, Group Life/ADD, STD <input type="checkbox"/> Med, Dental, Group Life/ADD, STD + Mgmt LTD <input type="checkbox"/> Med, Dental, Group Life/ADD, STD + Exec LTD

APPROVALS – Approvals must be secured in the order in which they are presented

(1) DEPARTMENT HEAD	(3) CFO
Date	Date
(2) MANAGER OF HR	(4) CEO ⁱ
Date	Date

ⁱ CEO approval is required for all offers of \$100,000 and above