[DATE]

[NAME]

[MAILING ADDRESS]

[EMAIL ADDRESS]

*Private and Confidential*

**RE: Letter of Employment – [POSITION]**

Dear [NAME]:

We are pleased to offer you the position of [POSITION] with [ORGANIZATION] (the “Organization”).

The terms and conditions of your employment are set out below.

**1. Position and Start Date**

The Organization will employ you in the [PART-TIME/FULL-TIME ] role of [POSITION] [*(if part-time)* for [X] hours per week]. The position is an [ON-GOING/FIXED TERM]. You will commence on [DATE] and will be subject to a [THREE (3) MONTH OR SIX (6) MONTH] probation period. Please refer to Schedule A for a full overview of position duties and responsibilities.

**2. Hours of Work**

Your hours of work will be [X] hours per week. Our typical hours of work are Monday to Friday, seven (7) hours per day with a one (1) hour [PAID/UNPAID] lunch break.

Your schedule will be discussed with your supervisor, [NAME], [POSITION].

The Organization needs to remain flexible and responsible to changing business needs and, as a result, may need to adjust your hours of work with reasonable notice. These adjustments may include changes to your start and finish times and/or your number of hours of work.

**3. Compensation**

You will be paid an [ANNUAL SALARY/HOURLY WAGE] of [X], less applicable withholdings, deductions and remittances (the “Salary”), in accordance with the Organization’s regular payroll practices.

**4. Vacation**

You are entitled to [X DAYS] of paid vacation per fiscal year in addition to paid leave when the Organization is closed during the winter break.

You will schedule your vacation at such time or times that are mutually agreed upon with your supervisor and subject to the rules of the Organization.

**5. Group Benefits (if applicable)**

As of [DATE], you will be entitled to participate in the Company’s Employee Benefits Program, in accordance with the terms of the plan.

**6. Sick Leave (if applicable)**

You are entitled to a maximum of [X] days of paid sick leave per [calendar/fiscal] year. Paid sick leave accrues at the rate of [X] days per month worked. Unused sick leave will not be paid out.

**7. Confidential Information**

During your employment, you will have access to or become familiar with information of a confidential or proprietary nature that pertains to the operations of the Organization and to the services provided to our members. Except as may be required in the course of carrying out your job duties and responsibilities, you agree not to disclose any Confidential Information, directly or indirectly, or use it in any way during your term of employment or after the termination of your employment.

**8. Policies & Procedures**

You are required to comply with all Organization policies and procedures as established and amended from time to time; however, such policies and procedures do not form contractual terms and may be amended without notice. You are required to comply with all lawful directions of Organization and follow all workplace policies and procedures and with Organization rules, regulations, polices, practices and procedures, as amended from time to time. For clarity, Organization reserves the right to revise, supplement, or rescind any of its policies, practices and procedures at any time as it deems appropriate in its sole and absolute discretion. It is your responsibility to familiarize yourself and remain up to date with Organization policies and procedures.

**9. Termination of Employment**

Your employment may be terminated, without further obligation or liability on the part of the Organization, in accordance with one of the provisions below:

(a) You may resign your employment by providing at least two (2) weeks written notice of resignation. Upon receipt of your written notice of resignation, the Organization may, in its sole discretion, earlier terminate your employment, in which case the Organization will pay to you the wages, in lieu of notice of termination, required to be paid to you by the Employment Standards Act;

(b) The Organization may terminate your employment for just cause at any time without notice, payment in lieu of notice, or other compensation; or

(c) The Organization may terminate your employment at any time without cause, by providing to you only the minimum amount of notice or payment in lieu of notice (or a combination thereof) as required by the Employment Standards Act.

**10. Conflict of Interest**

A conflict of interest exists when your personal interests, including those of family members, conflict with or could reasonably be seen to conflict with the duties of your position with the Organization and its best interests. You agree to avoid placing yourself in a position of conflict of interest. Should a potential conflict of interest arise, you agree to immediately disclose the potential conflict to your supervisor and cooperate fully with any safeguard that is implemented to address the potential conflict.

**11. Collection and Use of Personal Information**

You acknowledge that the Organization will collect, use and disclose personal information about you for employment and business related purposes. You consent to the Organization collecting, using and disclosing personal information about you, when reasonably necessary for security, employment and business purposes in accordance with applicable legislation and any privacy policy of the Organization that may be in effect from time to time.

**12. Modification of this Agreement**

Any modification of this Agreement must be in writing and signed by both parties, or it will have no effect and will be void.

**13. Governing Law**

This Agreement will be construed in accordance with and governed by the laws of British Columbia and the laws of Canada applicable to British Columbia.

On behalf of [ORGANIZATION], we look forward to having you join our team. Please do not hesitate to contact me by email: [EMAIL ADDRESS] or phone: [PHONE NUMBER] with any questions.

Sincerely,

[ORGANIZATION]

[SIGNATURE]

[NAME]

[TITLE]

I have read and understand, agree and accept the terms of employment as outlined in this Agreement.

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

Signature Date

CC: Name, Title