[Participant Name]

[Current Date]

Re: New Hire Letter

Dear [Employee First and Last Name]:

[Participant Name] is pleased to offer you employment in the position of [Job Position], starting on [Start Date]. In this position, you will report directly to [Participant Name]. This projected start date requires successful completion of the new hire paperwork provided to you by [Participant Name], their Support Broker, [Support Broker Name], and Financial Management and Counseling Services (FMCS) Provider, [Financial Management and Counseling Services Provider Name]. If new hire paperwork is delayed, your start date may be delayed.

During your employment, you will be paid at the hourly rate of [rate per hour]. Your compensation will be paid in regular installments in accordance with the [Participant Name]’s regular payroll process, and subject to applicable tax and other withholdings.

This position is a [full-time/part-time] position with [number of hours] per week. You may be offered benefits based on the employment policies outlined in [Participant Name]’s Employee Handbook.

Your employment with [Participant Name] is "at will," and thus you or [Participant Name] may terminate our employment relationship at any time, with or without cause or advance notice.

Your employment with [Participant Name] requires you maintain the following training/certifications:

* First Aid (including an in-person component that meets Occupational and Safety Health Administration (OSHA) standards)
* Cardiopulmonary Resuscitation (CPR) (including an in-person component that meets Occupational and Safety Health Administration (OSHA) standards)
* [additional trainings as required by the participant]

It is the responsibility of the employee to maintain all training and certifications. An employee is not authorized to work if their training or certification expires.

This offer is contingent upon the successful completion of any background or reference checks requested by [Participant Name] through their Financial Management and Counseling Services (FMCS) Provider, [Financial Management and Counseling Services Provider Name]. For purposes of federal immigration law, you will be required to provide to the [Participant Name] documentary evidence of your identity and eligibility for employment in the United States.

[Employee First Name], we are excited by the prospect of you joining the Company.

Sincerely,

[Participant Signature]

[Participant Name]