[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 [Practice Name] (the “Practice”).

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

**1. Position and Start Date**

The Practice 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.

**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.

**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 Practice’s regular payroll practices.

**4. Vacation**

You are entitled to [X DAYS] of paid vacation per fiscal year.

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 practice.

**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. Unused sick leave will not accumulate and will be reset to [X] days as of January 1st each year.

**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 Practice and to the services provided to our members that is bound by the terms of the confidentiality agreement that you will be required to sign. 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 Practice 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 the practice and follow all workplace policies and procedures and with the practice rules, regulations, polices, practices and procedures, as amended from time to time. For clarity, the practice 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 the practice s’ policies and procedures.

**9. Termination of Employment**

Your employment may be terminated, without further obligation or liability on the part of the Practice, 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 Practice may, in its sole discretion, earlier terminate your employment, in which case the Practice 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 Practice may terminate your employment for just cause at any time without notice, payment in lieu of notice, or other compensation; or

(c) The Practice 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 Practice and its best interests. You agree to avoid placing yourself in a position of conflict of interest which is bound by the conflict of Interest declaration that you will be required to sign. 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 Practice will collect, use and disclose personal information about you for employment and business-related purposes. You consent to the Practice 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 Practice 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 [PRACTICE], 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.

If you accept this new position and agree with the terms outlined above, please sign and return a copy of this letter by [DATE].

Sincerely,

[PRACTICE]

[SIGNATURE]

[NAME]

[TITLE]

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

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Signature Date

CC: Name, Title