

Date

Employee Name  
Address

Private and Confidential

Dear XXXX:

This letter confirms our offer to you to join the **XXX Family Health Team (XXFHT)** as a name of position. Start date, where they report etc.

The annual salary will be **\$XX based on a XX hours of** work week and will be subject to applicable statutory deductions required by law. These earnings will be payable to you (note: biweekly/monthly) in accordance with the **XXFHT's** usual payroll practices. This position is eligible for benefits (or not depending on the FHT benefits) upon meeting the required eligibility of 3 months of employment. You will be entitled to **XX weeks'** vacation, prorated based on your date of hire. Future salary increases are subject to an annual review and at the discretion of the Executive Director in accordance with budgetary mandates. Your probationary period is 3 or 6 months. This offer is contingent upon receiving a satisfactory criminal record check and vulnerable sector screening.

### **Termination**

It is understood that the terms and conditions of this Agreement shall continue in force notwithstanding that the position and/or the duties performed by you may change from time to time.

Your employment may be terminated by the **XXFHT** as follows:

- a.* Without notice or payment in lieu of notice for willful misconduct or willful neglect of duty or any other matter amounting in law to cause for immediate termination.

- b. You may terminate this Agreement upon providing the **XXFHT** with **two (2) or four (4) weeks** advance notice in writing. We may, subject to any statutory requirements, waive this notice period in whole or part and by written notice to you specifying an earlier date. We shall have no obligation to make any payment to you other than payment for employment to the effective date of your resignation.
- c. The **XXFHT may terminate XX employee name** employment at any time without cause upon providing notice or pay in lieu of notice equal to two (2) weeks base salary in effect at the time of termination for each twelve (12) month period **XX employee name** as been employed with the **XXFHT** to a total maximum of twelve (12) months' notice or pay in lieu of notice, (the "Notice Period") in satisfaction of contractual, statutory and common law notice requirements. For clarity, in no event shall **XX name of employee** be paid less than her entitlement under employment or labour standards legislation, including any entitlement to termination or severance pay. The **XXFHT** will continue all employee and group insurance benefits for only that period, if any, required by the applicable employment or labour standards legislation and as permitted under the terms of the group insurance policy.
- d. You understand and agree that the provision of notice or pay in lieu of notice pursuant to (d) shall not prevent the **XXFHT** from alleging cause for termination.

### **Confidentiality**

Confidentiality of all matters relating to the **XXFHT** and its patients is a condition of employment. All salary information is personal and confidential and should not be discussed with other employees.

By accepting employment with the **XXFHT**, you authorize and consent to the collection, use and disclosure of such employee personal information as may be reasonably required to manage your employment relationship as a **position title**.

Kindly indicate your acceptance of this offer by signing below and returning it to **XX Name**, Executive Director, **XXFHT**. We look forward to you joining our team. If you have any questions please do not hesitate to contact me directly.