Insert organization’s logo or use letterhead stationery

To: *Name*

*Address*

*Phone/e-mail address*

Re: Offer of Employment

Date: *Month, Day*, 2016

Dear *First name*,

It's our pleasure to extend an offer of employment at *Organization Name* (*Abbreviation*) in the role of Executive Director. If accepted, the conditions of this offer will go into effect on a mutually agreed upon employment start date not later than *Month, Day*, 2016 and include the following:

* Wages: $*00,000* annual salary for the full-time exempt (salaried) Executive Director position at *Organization* Name or *Abbreviation*, reporting to the *Organization* Name or *Abbreviation* Board of Directors.
* Commitment: A *three*-year commitment to *Organization* Name or *Abbreviation* and commitment to provide *two months* notice of departure.
* Relocation: Relocation to a community within the *Organization* Name or *Abbreviation* service delivery area no later than *Month, Day*, 2017. Acceptable locations will include any community that is within one hour’s driving distance of the *Town name* shelter location.
* Relocation Expenses: Up to $*0,000* worth of moving expenses will be reimbursed upon submission of receipts. This reimbursement is contingent upon a minimum of two years employment. If employment is terminated short of two years, the full moving expense amount will be owed back to *Organization* Name or *Abbreviation*.
* Reviews and Bonuses: Performance reviews will be conducted after the *first 90 days* and then annually starting on the one year anniversary of employment. At that time, you will be eligible for *a bonus for achieving mutually agreed upon goals and* consideration for a raise dependent upon both performance and financial status of the organization.
* *Paid Time Off* **OR** *Vacation/Sick Time*: *Number weeks (number days) of Paid Time Off in the first year, accrued at a rate of number hours per pay period after the completion of 90 days of employment* **OR** *Will follow standard PTO/Vacation/Sick Time policy as outlined in the Organization Name or Abbreviation Employee Handbook*.
* Health Insurance: Eligibility for health insurance coverage under *Organization Name or Abbreviatio*n’s group health insurance plan beginning the first day of the month following your start date*. You will have the option to select additional insurance and dependant coverage all at your own expense.* Details are provided in the *separate sheet/Document Name*.
* Pet Care Benefits: *(If offered)* Eligible for benefits as outlined in the *Organization Name or Abbreviation* Employee Handbook.
* Exempt Position: This exempt position requires a minimum of 40 hours per week, customarily a minimum of eight hours per day for five days each week. Daily work hours and days of the week may vary according to the needs of the organization. As an exempt employee, you will be required to be on call on a 24-hour, 365-day basis and the work may include weekend, night and holiday work.
* Employment Period: No minimum period of employment is guaranteed or implied by acceptance of this employment offer. As outlined in the *Organization Name or Abbreviation* Employee Handbook, you are considered an “at-will” employee.
* Background Check: The offer is contingent upon passing a background check to be conducted by a licensed provider.
* This offer letter is not a contract and cannot be constructed as such.

If you have any questions or wish to discuss this offer further, please feel free to contact *First and Last Name at phone/cell # is 000-000-0000.*

We would appreciate your reply to this offer no later than *Month, Day* at 5:00 pm.

*First name of new ED*, we are looking forward to working with you!

Sincerely,

*Signature*

Name of President

President of the Board of Directors of *Organization Name*

**Offer Accepted** by *Name of new ED*

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_