

Hourly Employee Blank Work Agreement Form

EMPLOYEE INFORMATION

Employee Name:

Address:

Phone Number:

Email:

EMPLOYMENT DETAILS

Position/Title:

Department:

Start Date:

Hourly Rate:

Work Schedule:

e.g. Mon-Fri, 9am - 5pm

Supervisor Name:

TERM AND CONDITIONS

Summary of Duties:

Special Terms/Notes:

Employment Type:

Select



ACKNOWLEDGEMENT & SIGNATURES

By signing below, both parties acknowledge and agree to the terms specified above.

Employee Signature:

Date:

Employer/Representative Signature:

Date:
