

LETTER OF ACCEPTANCE

| Dear | |
|--|--|
| offers to you the | following: |
| Position: | <u> </u> |
| Status: Per Diem/ Full Time | / Part Time |
| Salary: | _ |
| To start on: | _ |
| In signing this contract, you are accepts compensation as described above. | ing the position described above, at the rate of |
| Any concerns that you have may be dir | rected to the Governing Board. |
| | Sincerely, |
| | |
| | Representative of the Governing Board |
| I agree to accept the above terms and to | o the policies and procedures of the hospice. |
| Employee | Date |
| Company Representative | |