

[Print on pharmacy letterhead]

[Date]

[First name][Last name]  
[Address 1]  
[Suburb] [State] [Post code]

Dear [First Name]

### Letter of Offer

On behalf of [Employer name], we are pleased to offer you employment as [Title] with [Pharmacy Name]. The terms and conditions of your employment are detailed below.

**Start date:** [Day, Month, Year]

**Employment status:** [Full-time, part-time, casual]

#### Probation Period:

Your employment is subject to a [3 or 6] month probationary period. This allows you and the pharmacy to determine your suitability for the role. Please note, the pharmacy reserves the right to extend your probationary period beyond the initial term. If this occurs, we will inform you of this prior to the expiration of the initial probationary period.

During the probationary period, either party may terminate the employment contract by providing one week's notice or payment in lieu.

#### Hours of Work:

You are employed to work an average of [# hours] per week, including weekends, over a four week period. Unless otherwise agreed, you will be rostered to work a combination of the trading hours of the business including weekends and public holidays. You may also be required to work reasonable additional hours to perform the duties of your position.

#### Rate of Pay:

You will be paid a base rate of \$[Amount] per hour for each hour worked.

#### Superannuation:

In addition to your base rate of pay, the pharmacy will make contributions to an approved superannuation fund according to statutory requirements. The current amount of superannuation payable is 9% of your ordinary time earnings.

#### Termination of Employment:

Either party may terminate the employment relationship by providing the other party with the period of notice specified in the table below:

<b><i>Length of Service</i></b>	<b><i>Notice Period</i></b>
Not more than one year	1 week
More than 1 year but not more than 3 years	2 weeks
More than 3 years but not more than 5 years	3 weeks
More than 5 years	4 weeks

The pharmacy may, at its discretion, make payment in lieu of providing the notice above.

**Other conditions:**

Your employment is also subject to other terms and conditions contained in the pharmacy's policies and any relevant award or applicable legislation. This includes payment for overtime, leave entitlements, allowances and the like. Copies of the relevant policies and awards are available in the pharmacy staff room for your convenience. If you would like a copy of these prior to accepting this offer, please contact the pharmacy on [Number].

**Confidentiality:**

As an employee of the pharmacy you may have access to confidential material such as patient records, financial details and other information. You are required to keep this information strictly confidential and are not to discuss it with persons outside the pharmacy without permission from pharmacy management or the individual concerned.

[First name], we are looking forward to working with you and would appreciate your prompt consideration of this offer. Please sign, date and return a copy of this letter to us to indicate your acceptance as soon as possible.

We would like to take this opportunity to welcome you on board and wish you every success in your career with us.

Yours sincerely

[Author Name]  
[Author Position Title]

I, [Employee Name] accept employment with [Employer Name] in accordance with the terms and conditions outlined above.

\_\_\_\_\_  
[Employee Name]

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Name (in BLOCK LETTERS)