

[IMPORTANT: The information and materials contained herein should not be considered or relied upon as legal advice on specific factual situations. Users are urged to consult legal counsel concerning particular situations and specific legal questions.]

Orientation - Confirmation Form

Employee: [name] _____

Starting date: _____

Introductory period: _____ [optional and not recommended]

Starting Wage: _____

Supervisor: _____

Normal paydays: _____

Break times: _____ [if applicable]

Lunch time: _____ [if applicable]

First weekly payday: _____

Insurance eligibility: _____

Your employment with [firm name] can be terminated with or without cause, with or without notice by you or the firm.

Employee

Date

[Human Resource Manager]
[Managing Partner]

Date