**Bonfield Public Library Policy Manual**

**Personnel Policy**

**Appendix B**

**Employee Contract (Sample)**

**EMPLOYEE CONTRACT**

1. EFFECTIVE DATE: \_\_ \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Day Month Year

2. PERSONAL DATA:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Social Insurance Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Number/Street/Apt.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Province Postal Code Telephone Number

In Case of Emergency Contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Telephone Number: \_\_\_\_\_\_\_\_\_\_\_

3. POSITION TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Description Attached Yes ( ) No ( )

4. PROBATIONARY PERIOD:

The employee will be hired for an initial probationary period of three (3) months after which time a performance appraisal will be carried out, an additional six (6) months probationary period will follow. Following the appraisals, the CEO and the Board will decide whether the employee should become a permanent member of the staff, or be assigned another probationary period, or be terminated as an employee.

Continue…

5. TERMS:

1. Hours of work scheduled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours per week

2. Beginning rate of pay/salary $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per\_\_\_\_\_\_\_\_\_\_\_

3. Public Holidays Eligible ( )

4. Vacation Eligible ( )

4% of gross pay ( )

5. Sick credits Eligible ( )

Not Eligible ( )

6. NOTICE OF TERMINATION:

This document, when signed by an authorized official of the Bonfield Public Library, constitutes appointment of the above named person.

Employment may be terminated by the employer upon two (2) week’s notice.

Employment may be terminated by the employee upon two (2) week’s notice to the employer.

7. I have read this contract, understand it, and accept the terms and conditions specified.

I authorize the Bonfield Public Library to change any term or condition of this agreement to assure compliance with the Bonfield Public Library Board’s personnel decisions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Executive Officer’s Signature Date