

Full Time (Salary) Employment Offer Letter  
Ivy Lane Corporation

Date: \_\_\_\_\_

Dear: \_\_\_\_\_,

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

On behalf of Ivy Lane Corporation GR-\_\_\_\_\_ I am pleased to present this offer of full-time employment to you for the position of \_\_\_\_\_. This letter will outline the details of your proposed employment.

Your first days of work will be determined at a later date based on the pre-employment background check process. Your compensation will begin at \$\_\_\_\_\_ annually. Compensation will be earned and paid on a bi-weekly basis.

Ivy Lane Corporation will provide you with a company-paid Life Insurance Policy and Basic Long Term Disability Plan. You will automatically be enrolled in these on your benefits eligibility date, which will be the first of the month following 60 days of employment. You will have the option to elect Medical, Dental, Vision, Short-Term Disability, Flex Spending and/or Supplemental Life Insurances. You will become eligible to participate in our 401k plan first of the month after completing one full calendar year with Ivy Lane. The company match is 100% up to the first 3% of compensation you defer to the 401k plan.

You will receive 2 weeks of vacation after completing one year of employment.

This offer of employment is **contingent** upon satisfactory results of your pre-employment background check.

You will receive an e-mail from Universal Background Screening asking you to complete the consent and disclosure for your background check. Please complete this **48 hours** after receiving.

To officially accept this offer, please sign one copy of this letter and provide your email address above. (Please make sure the email address is legible.)

Employment with Ivy Lane Corporation is at will and the contents of this letter should not be construed as a contract. We are looking forward to working with you and feel this will be a mutually rewarding relationship.

Signatures:

\_\_\_\_\_  
Accepted by Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Accepted by Signature

\_\_\_\_\_  
Market Manager Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Market Manager Signature

**Market Manager's – fax this completed document to 773-326-1660 for processing**