



Office of Human Resources

P.O. Box 9023, Rockville Centre, N.Y. 11571-9023
Tel: 516-678-5800 • Fax: 516-678-9566 • www.drvc.org/hr

OFFER of EMPLOYMENT

CANDIDATE: _____

TITLE: _____ WILL FUNCTION AS MANAGER

PHYSICAL ADDRESS WHERE LOCATED: _____

Job Code Department Dept. ID
Allocation : _____ % to Payroll Dept. _____ % to Payroll Dept. _____

Salary Code: _____ Salary Range: _____ - _____ - _____
MINIMUM MIDPOINT MAXIMUM

START DATE: ___/___/___ MANAGER: _____

CONDITIONS: Must complete VIRTUS and Discrimination and Harassment Training within 30 days.

COMPENSATION:

Weekly Hours: 40 35 Part Time _____ Hours Per Week (28+ = H & W Benefit Eligibility, 35+ = Pension Eligibility)

Pay is: Bi-weekly (Hrs per Wk X 2) Semi-monthly (Hrs per Wk X 52/24) Monthly (Hrs per Wk X 52/12) Per Event

Work Schedule (Circle Days): S M T W TH F S _____ Hours per day

FLSA Status:

Exempt from overtime as determined by Job Code /FLSA Status (ADP Employee Pay Type = S)

\$ _____ Annual Salary / _____ pay periods = \$ _____ Bi- Semi- Wk OR \$ _____ Per Event/Hr

Non-Exempt as determined by Job Code /FLSA Status (ADP Employee Pay Type = H)

\$ _____ Hourly Rate \$ _____ Overtime Pay Rate for the hours worked over 40 in any one week = _____ Annually

First Payroll Scheduled for: ___/___/___

Health & Welfare Benefits: Effective Date ___/___/___ 403(b) Defined Contribution Plan: Effective Date: ___/___/___

Salary Review: (Based on Performance) at: 6 Months 12 Months Other _____

MANAGER: _____ HR PREPARER: _____

ADDITIONAL APPROVAL: (when needed) _____

OFFER EXTENDED: _____ BY: _____

Accepted (Date) Rejected (Date) Reason: _____



THE CATHOLIC DIOCESE OF ROCKVILLE CENTRE

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Candidate Name: _____

I UNDERSTAND THAT THIS OFFER IS MADE ON CONDITION OF RECEIPT OF VALID REFERENCES AND A SATISFACTORY PERSONAL AND PROFESSIONAL BACKGROUND SCREENING AND THAT THIS POSITION IS CONSIDERED AT WILL AND CAN BE TERMINIATED AT ANY TIME. I ACKNOWLEDGE RECEIPT OF THE EMPLOYEE HANDBOOK AND AGREE TO READ IT AND BE RESPONSIBLE TO FOLLOW THE POLICIES AND PROCEDURES IT CONTAINS.

ON THIS DAY, _____, I HAVE BEEN NOTIFIED OF MY PAY RATE, OVERTIME PAY RATE (IF ELIGIBLE), AND I HAVE TOLD MY EMPLOYER THAT MY PRIMARY LANGUAGE IS: ENGLISH, SPANISH, RUSSIAN, POLISH, CREOLE, KOREAN, CHINESE, OTHER _____.

EMPLOYEE SIGNATURE: _____ **DATE:** _____