

EMPLOYEE AGREEMENT FORM

Committee Name: _____

Committee Address: _____

Employee Details

First Name: _____ M.I. _____ Last Name: _____

Tel. No. _____ **Email Address:** _____

Address: _____

City/State/Zip: _____

Terms of Employment: This serves to confirm the terms and conditions of employment agreed between the Campaign Committee and the Employee.

Date of Employment : _____

Job Title: _____

Duration of Employment: _____

Place of Employment: _____

Job Description: _____

Salary: \$ _____

(Committee Name)

(Employee Name)

Employee Signature

Date

Candidate/ Treasurer Signature

Date