Terms of Employment Notice

Date of hire:

Nam	e of Employee	Social Security Number
Addr	ess	
In compliance with §41-10-30 of the S.C. Code of Laws, 1976, as amended, you are hereby notified of the		
terms of employment:		full-time part-time seasonal
1.	Normal hours of work:	
	(i.e., number or range of hours) per	week, day, other, etc
2.	Rate of pay: Wages \$	_; Salary \$; Commissions%; Other
3.	Payday is: Weekly B	i-weeklyMonthlyOther
	Place of payment is	
	Time of payment is	
	Day of payment is	
4.	Deductions to be made from wages	such as insurance deductions.
Any changes in these terms shall be made in writing at least seven calendar days before they become effective.		
Additional Terms		
The following terms may be provided at the discretion of the employer in accordance with individual company policy.		
5.	Vacation policy is:	
6.	Paid holidays are:	
7.	Sick leave policy is:	
8.	Other:	
	Employee signature	Company:
	Employer signature	
		Address:
		Telephone: