



**MALE  
SURVIVORS  
AOTEAROA**

TE POARI O NGĀ MŌREHU TAITŌKAI O AOTEAROA

[Date]

NAME

[Address]

Kia ora [Name]

## OFFER OF EMPLOYMENT

We are pleased to confirm the terms of your employment with Organisation Name (ON)

Your terms of employment comprise the ON Employment Policies (copy enclosed) and the following additional terms. Where this letter, including its attachments, and the ON Employment Policies are different, the provisions contained in this letter will prevail.

Please note that you have the right to take independent advice prior to accepting this offer.

### 1. APPOINTMENT

You are appointed as a **[Role/Position Title]** and your expected contribution as an employee of ON is outlined in the attached Role Definition. Your capability to perform that role was outlined in your application for the position, which summarises the qualifications, capabilities and experience that you represented in applying for the role.

You will be expected to work diligently to complete the obligations and responsibilities of your role and to demonstrate behaviours that are consistent with the provisions of the ON Employment Policies and the Operating Principles as outlined in the Role Definition.

### 2. TRIAL PERIOD

Your appointment is subject to a trial period, which is 90-days from the Effective Date of your employment.

### 3. TERM & APPLICATION

Your appointment is for a [full-time/part-time] role for a total of [n] hours per week and is effective from the Effective Date shown below.

During the term of your employment ON may require your participation in projects and/or assignments that do not fall within the scope of your Role Definition. It is expected that you will accept any such requirement provided the required participation is within your capability to perform, has the approval of your manager in terms of any impact on the achievement of your role outcomes and is not unreasonable in terms of the commitment expected.

#### 4. REMUNERATION PACKAGE

Your initial remuneration package is based on an annual salary for a full-time role of [\$amount].

Your total remuneration package for this role is made up as follows:

You will be paid an annual cash salary of	\$amount
KiwiSaver	
ON will pay a contribution to your nominated KiwiSaver scheme calculated at 3% of your base salary	<u>\$amount</u>
Total Fixed Remuneration	<u>\$65,920</u>

#### 5. LEAVE

Your leave entitlements are detailed in the ON Employment Policies.

#### 6. WELLBEING

It is a condition of your employment that you comply with ON's supervision policy and have a personal supervision arrangement in place at the Effective Date of your appointment. That arrangement should be evidenced by a supervision agreement in the form prescribed by ON.

For the initial year of your employment you are also required to work with a mentor in respect of the facilitation of any peer-group work. The appointment of an appropriate mentor will be facilitated by your manager.

#### 7. DEVELOPMENT

The first annual assessment of your performance development requirements in this new role will be on a date to be mutually agreed but before [Date] and thereafter on an annual basis. That review will also provide the basis for agreeing your Performance Development Plan.

At ON performance development plan reviews are not linked to remuneration reviews.

8. REMUNERATION REVIEWS

ON policy is that remuneration is normally reviewed annually with any adjustments based on market value for the role, qualifications and experience as assessed at the review date. We expect that review to take place prior to [date] at which time we may adjust your remuneration depending on outcomes of our evaluation.

9. CONFIDENTIALITY

The contents of this letter of appointment are confidential between you and ON.

10. EFFECTIVE DATE

These employment arrangements will be effective from [Date]

11. ACCEPTANCE

To accept this offer, please sign both copies of this letter, and the attached Role Definition and return one signed copy of both documents to me.

You will be contacted to complete any appropriate people records, and to provide the required information for the Inland Revenue Department and your KiwiSaver account.

Nga mihi

*Employer Signature*

[Employer Name]

[Title/Position]

On behalf of ON

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I accept the above offer of employment.

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[Name]

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Date