27 October 2020

<Address>

<Address>

Dear employee name

We are pleased to welcome you to the team at ‘business name’ and confirm your appointment as ‘job description’ in accordance with the following terms and conditions:

* Your commencement date is insert date
* Your salary will be <Hourly Rate> per hour plus 9.5 % superannuation, in accordance with the …. ? Award
* You will be employed on a ‘put in term eg; casual, permanent part time etc..’
* Your position will be hired as a ‘job description’
* Your terms and conditions of employment are as below

**Rules & Regulations**

You agree to abide by the rules, regulations, policies and procedures of ‘business name’

You agree to abide by applicable State and Commonwealth laws that govern your employment and this agreement.

## **Probationary/Qualifying Period**

All new employees are employed for an initial <three (3)/six (6)> month probationary/qualifying period, in accordance with the Fairwork. During this period either party may terminate the appointment by notice of one (1) week or payment in forfeiture in lieu.

## **Rostered Hours**

Your normal hours of work shall be ?? hours per week enter times and days of week

The ‘business name’ normal working days are Monday to Friday insert time and Saturday insert time . To ensure that operational needs are met, your days and hours of work may vary. This is at the discretion of the owner. In such cases, you will be provided with reasonable notice of any significant variation to your days and hours of work and consideration will be given to the needs of both parties.

Your rostered working hours are as follows: Edit to suit

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| RDO\* | 09.00 – 17.00 | 09.00 – 17.00\*\* | 12.30 – 20.30 | 09.00 – 17.30 | 09.00 – 17.00 | NA\* |

## **Duties & Responsibilities**

You will be responsible for Enter details here

Your duties may vary provided the variation is reasonable and within your skills, competence, and training. It is expected that you will approach your duties efficiently and act in accordance with the direction provided by the Owner.

## **Occupational Health & Safety**

The Foot Pod encourages all employees to regard accident prevention and working safely as a collective and individual responsibility and it is a condition of your employment that you comply with relevant Acts, Regulations and other Codes of Practice.

**Method of Payment**

The pay periods are <weekly> and end at <time/day>. Your pay will be deposited directly into your nominated bank account on <day> following the end of a pay period. Please note that the funds may not be available until the following day, depending on the financial institution that your account is held with.

**Superannuation**

Superannuation is paid at the rate determined by the Superannuation Guarantee Levy, which is currently set at 9.5%. Superannuation is automatically paid into your nominated superannuation fund account.

**Public Holidays**

Where a public holiday falls on a Monday RDO, you may be required to change your RDO or receive time off in lieu (TOIL). To ensure that operational needs are met, your changed RDO may not fall within the same week of the public holiday. The Salon Owners will provide you with reasonable notice of this required change.

**Sick Leave**

You are entitled to ten (10) working days paid leave pro rata per year of continuous service, in accordance with the provisions of the <XXX>.

You agree not to be absent without first obtaining permission from the Owners via a phone call not text messages. You may be required to produce satisfactory proof of your illness or accident. In any event, you will be required to provide a medical certificate for any absence through illness or injury for more than <two (2)> consecutive working days.

**Annual Leave**

You are entitled to twenty (20) working days paid leave pro rata per year of continuous service, in accordance with the provisions of the <XXX>. Leave loading of <%> will be applied and paid to employees in one (1) lump sum payment per calendar year.

Leave application forms must be submitted with at least the following notice periods:

* Four (4) weeks prior to the desired period of leave for a weekday

Adjust this to suit your needs

Please note that no annual leave can be taken from add any blockout dates here per calendar year. The Foot Pod will close over the holiday period from 24 December per calendar year for no insert times/dates. Employees are required to use their accrued annual leave for this period or take leave without pay.

**Confidentiality**

During your employment, you may obtain or have access to confidential information concerning The ‘Business name’ its clients or its business affairs. Under no circumstances, during or after your employment, is any internal use to be made of this information except if it is in accordance with this agreement. …You may add to this section to make it relevant to your business

**Termination**

The appropriate notice in writing is required by either party to terminate this appointment, in accordance with the award. Please liaise with the Owner to confirm the appropriate period of notice required.

**Offer & Acceptance**

This Employment Agreement is made to you by Hair2Day on the above terms and conditions.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| ‘Name’Owner/Director |  |  |  |
|  |  Date: |  |  |
| SignatureOwner/Director |  |  |  |

I acknowledge and declare that I have read and understood the above terms and conditions contained in the agreement and accept that I will observe them fully during my employment.

|  |  |
| --- | --- |
|  |  |
| Employee name |  |
|  |  Date: |
| Employee signature |  |