

NOTICE OF COMPENSATION

Dear _____, welcome to **SAFEWAY**
(Print Name)
HEALTHCARE SERVICES INC. You have accepted the position of _____ at
the rate of _____

Additionally, you will begin to work on

By signing this document, you are stating that you have

1. Read the job description and essential functions.
2. Understand and agree to carry out these responsibilities as assigned. At the above rate of compensation.

SIGNATURE OF APPLICANT

DATE

ADMINISTRATOR / DON SIGNATURE

DATE