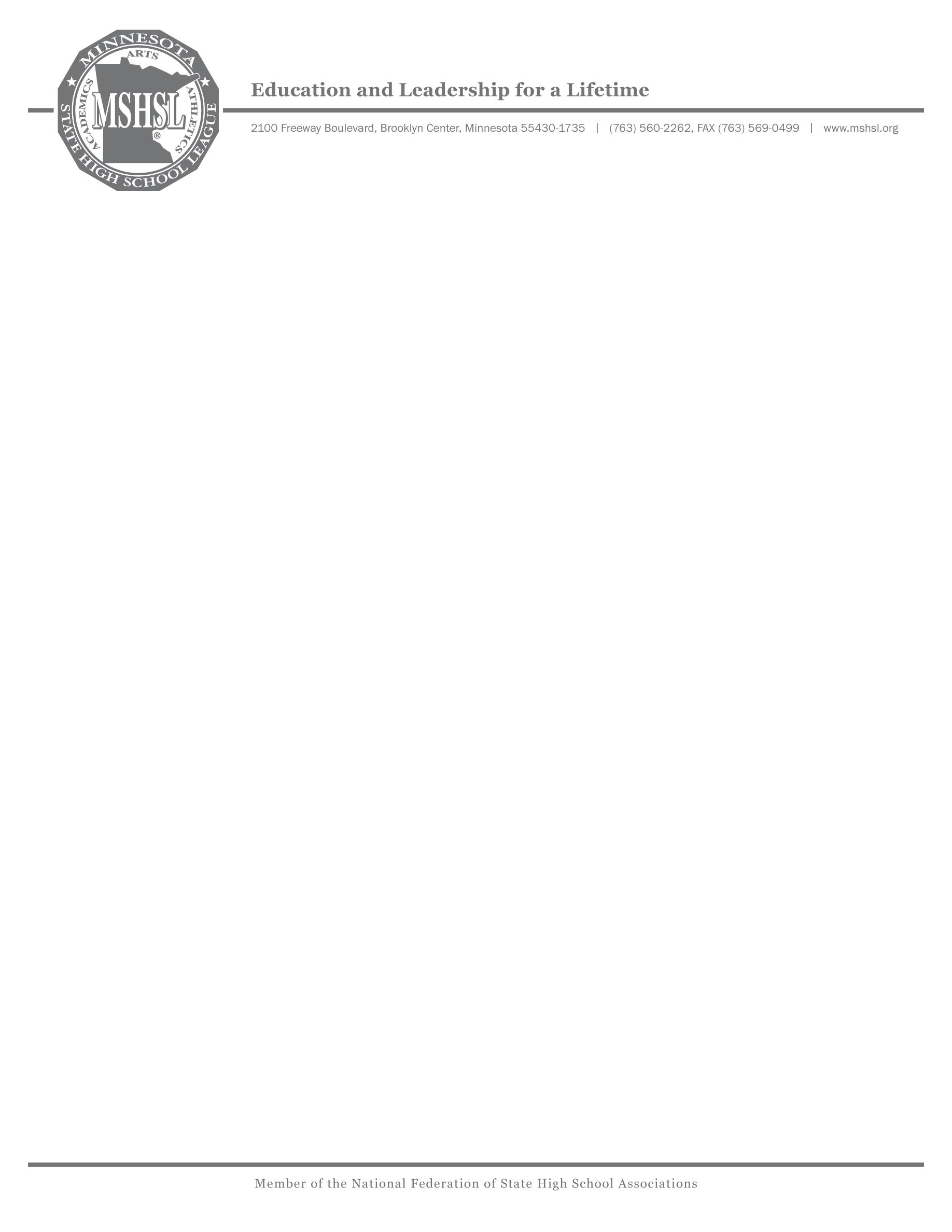
Date:



Name:

The League is very pleased to extend an offer of employment as a temporary, part-time position. There are no other benefits. The duties and responsibilities for you as the employee are identified below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date(s)** | **Activity** | **Assignment** | **Set Fee** | **Check** |
|  |  |  |  |  |

As a temporary, part-time employee, you will not be eligible to participate in any fringe benefit or retirement plans.

Your employment is contingent upon receipt of proof of eligibility to work in the United States (see I-9 form). Please provide evidence of your identity and proof of your employment authorization to work in the U.S. This can be met by sending a copy of: one document from List A of accepted documents; or one document from List B and one document from List C (see enclosed list on I-9). Federal law requires the League to examine this documentation and to complete the I-9 form. Go to [www.uscis.gov/i-9](http://www.uscis.gov/i-9) for complete instructions.

Also enclosed is a federal W-4 form. Failure to provide a properly completed W-4 form will cause withholdings to be made at the maximum level.

Your temporary, part-time employment with the League is “at will” which means that either you or the League may terminate the relationship at any time, with or without cause or notice. Your employment is for no definite term, regardless of any other oral or written statement by any League representative.

We welcome you to our team and anticipate you will be a great contributor to the success of the event.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sincerely, |  |  | Home Address: | |  | |
|  | Region Secretary |  |  | |  | |
|  |  |  | Home Phone: | |  | |
|  | Work Phone: | |  | |
|  | Cell Phone: | | |  |
|  |  |  | Email: |  | | |

**Please circle your ACCEPTANCE or REJECTION of this offer by returning this form with your signature upon receipt.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature |  |  | Date |  |

|  |  |
| --- | --- |
|  | (Check if applicable) I-9, W-4, and copies of the required documents from I-9 have been previously submitted to the MSHSL. |