

APPENDIX "F"

EMPLOYMENT OFFER

EMPLOYEE OPTION FORM

Employee Name:

Employee Number: 000000

Business Area

Business Address

City/Postal Code

I accept the offer of employment and will to transfer to
Company X

Or

I decline the offer of employment and choose to remain
Within government

Signature of Employee

Date

Return this form, signed and dated, to:

Name of Contact

Title

Business Area

Business Address

Facsimile: (###) ###-####