

**APPENDIX "F"**

**EMPLOYMENT OFFER**

<b>EMPLOYEE OPTION FORM</b>	
<b>Employee Name:</b> Business Area Business Address City/Postal Code	<b>Employee Number:</b> 000000
<input type="checkbox"/>	I accept the offer of employment and will to transfer to Company X
	Or
<input type="checkbox"/>	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: (###) ###-####