



Contract of Employment

Name:	Telephone Number:
Street Address:	Email Address:
Town/City:	N. I. Number:
Post Code:	Date of Birth:

We are delighted to confirm your role as **[Insert Role Title]** with **[Insert Your Company Name]** This document details the Terms and Conditions relevant to your employment contract and other pertinent information relating to your employment.

1. The initiation date of this contract is **[Insert Date]**
2. Your primary location will be at **[Insert Address]** Nonetheless, the company retains the right, subject to appropriate discussion with you, to alter your base location if business requirements necessitate.
3. Your work duration will be **[Insert Hours per week]** hours each week. The company may need you to adjust your work schedule temporarily or permanently based on job requirements. Your hours will be discussed and agreed upon at the commencement of your employment.
4. The start and finish times coincide with the requested arrival times at the yard/job and finish upon returning to the yard or at the job site if not returning to the yard.
5. You are bound by the terms and conditions as mutually agreed upon and revised periodically by the Company, as stipulated in its policies, procedures, handbooks, and other relevant documents.
6. Your initial pay rate will be **[Insert Hourly Rate or Monthly Salary]** paid **[Weekly/Monthly]** An annual review of your compensation will be conducted.
7. If the Company inadvertently overpays you, you consent to let the Company recover the excess amount by deductions from your salary or other payments owed to you. Normally, deductions will be made over the same duration that the overpayment occurred. Regularly checking your pay slips is in your best interest.
8. You will receive weekly payments to a bank account of your preference.
9. You are required to give the Company two weeks' notice to terminate your employment contract. The Company is obliged to provide you with the statutory minimum notice period before terminating your contract.



ACCREDITED MOVERS

QUALITY CHECKED MOVING COMPANIES

10. This position is subject to a **[Select 3 or 6]**-month probationary period. Upon satisfactory performance at the end of this period, your appointment will be confirmed as permanent. During this period, either party can terminate the contract with one week's notice.
11. Depending on your earnings, you may be automatically enrolled into the Company Pension Scheme. You also have the option to opt out of this. If you decide to establish a Personal Pension Plan, it will be a private arrangement between you and the Pension Provider, with no involvement from the company.
12. You are expected to adhere to the Company dress code. We will provide a uniform for all employees.
13. If disciplinary action is deemed necessary, it will be initiated per the Company Policy on Disciplinary Action. You have the right to appeal as outlined in the Procedure.
14. If you have an employment-related grievance, follow the procedure detailed in the Company Grievance Policy and Procedure. Initially, any grievance should be discussed with a superior.
15. You must report any sickness absence to your immediate superior as soon as practicably possible and provide appropriate sickness certification as per Company policy. It is a condition of employment that you remain physically capable of carrying out your duties, which requires frequent heavy lifting.
16. You will comply with all health and safety training provided to ensure that you are protected from injury during the course of your career.
17. Smoking within Company premises is forbidden (except in designated external areas). Company premises include all Company cars, vans, lorries, and any hired or borrowed vehicles.
18. You may access confidential material in paper and electronic formats during employment. Under no circumstances should this information be disclosed to any unauthorised person. Violations of confidentiality will be addressed through the Company Policy and Procedure on Disciplinary Action.

Your employment is contingent upon the Company being satisfied with your medical fitness to perform your duties. If you agree with the above terms and conditions, please sign both copies of this statement, keep one and return the other copy to the Company.

I accept this position under the stated terms and conditions.

Signature: _____ Print: _____

Date: _____