

APPENDIX "F"

EMPLOYMENT OFFER

EMPLOYEE OPTION FORM	
Employee Name: Business Area Business Address City/Postal Code	Employee Number: 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: (###) ###-####