**EMPLOYMENT CONTRACT OR AGREEMENT BASIC INFORMATION**

**Employer:** (library name Board of Trustees)

Address:

**Employee:** (name)

Address:

**Title/Position:** Library Director/other staff (description attached)

**Compensation:**

Exempt (Salaried) $

Non-exempt (Hourly) $

**Hours:** (number per week or list of hours per day)

**Days:** (number per week or list of day per week)

**Term(s) of agreement: \*** RSAs 202-A11,V and 202-A:15

**Date from:**

**Date to:**

**Month(s):**

**Year(s):**

**Employment will commence on:** (date)

**Performance Review:** (date)

**Termination:**

End of contract term

Employee resignation

Death of the Employee

Layoff due to economic reasons beyond the control of the employer

NH RSA 202-A:17 Employees; Removal(copy attached)

**Benefits:** (copy attached)

Personnel Manual

Insurance information

Any other benefits

**Signatures of Employer:** (library nameBoard of Trustees)

(signed by all trustees or designated signatory)

**Signature of Employee:**

**Date Signed:**