

SECRET

(Date)

Name _____
Street Address _____
City & State _____

Dear Mr. _____:

1. This is to notify you that the United States Government has accepted your employment effective _____:

Position: _____
Base Salary: \$ _____ per _____.

2. You will not be entitled to annual or sick leave. You will be reimbursed for travel expenses in accordance with regulations.

3. The term of your employment shall be for one year from the effective date hereof. Your employment may be terminated by the United States Government at any time upon thirty days prior actual notice to you. The termination of your employment will not release you from any security oaths which you may be required to take.

CHIEF OF MISSION

ACCEPTED:

SECRET