

Employee Benefits and Compensation Addendum

Employee Name: _____

Position Title: _____

Department: _____

Effective Date: _____

Compensation

Compensation Type	Details
Base Salary	_____
Bonus/Incentives	_____
Overtime	_____

Benefits

Benefit	Description
Health Insurance	_____
Dental/Vision	_____
Retirement Plan	_____
Paid Time Off	_____
Other Benefits	_____

Other Terms

Employee Signature: _____

Date: _____

Employer/HR Signature: _____

Date: _____