

# 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: \_\_\_\_\_