

LETTER OF EMPLOYMENT (Programmer)

(Method of delivery)

..... (City),, 20...

(Programmer's name)

(Address)

(City), (Quebec)

(Postal Code)

Re: TERMS OF EMPLOYMENT AS PROGRAMMER

Dear Sir/Madam,

Further to our various meetings we had regarding your joining our firm (hereinafter the "Corporation"), this letter confirms the terms of your employment as Programmer.

To confirm your acceptance of these terms, please countersign one copy of this letter, which letter will, subject to any possible amendments, constitute your employment agreement.

1.00 EMPLOYMENT

Subject to the terms of this letter of employment, we undertake to hire you as Programmer in our Department. Your immediate supervisor is *(name of supervisor)*, who will oversee all of your duties within our Corporation.

For the full term of your employment as Programmer, you are responsible for the duties and to perform the research and development tasks that follow: *(describe the role of programmer and the R&D project/program)*.

2.00 PROBATION

A probationary period of (.....) weeks from your date of hire is required to acquire your permanent status within the Corporation and to benefit from the related advantages.

3.00 BASE SALARY

Your annual base salary will be DOLLARS (\$.....) payable in TWENTY-SIX (26) instalments of DOLLARS (\$.....) each.

4.00 PERFORMANCE BONUS

Should your individual work result in the grant of a patent, you will be entitled to receive a performance bonus, namely: (describe the amount or method of calculation).

5.00 BENEFITS

5.01 Vacation

You are entitled to an initial period of (.....) weeks paid vacation. However, you agree not to take such vacation at the same time as and

5.02 Disability

If, during the term of your employment, you become disabled and unable to fulfill your obligations herein, you will be entitled, upon presenting proof to this effect that that the board of directors considers sufficient, to receive DOLLARS (\$) per week, up to the earlier of the following two dates:

- (a) (.....) months from the date the disability begins; or
- (b) the day that you become eligible to receive disability benefits under a group or personal disability insurance plan.

5.03 Contributions

The Corporation agrees to pay your annual contributions to (name of professional corporation) throughout the term of your employment.

5.04 Group Insurance

PROGRAMMER