Dental Assistant Job Offer Letter

Fill in the blanks, delete anything that does not apply, and send it on your practice letterhead or as a PDF. The candidate signs the last section to accept.

PRACTICE NAME

DATE

PRACTICE ADDRESS

CANDIDATE NAME

CANDIDATE EMAIL OR PHONE

Dear _____,

We're happy to offer you a job at our practice. This letter puts in writing what we talked about. Please read it, ask us about anything that isn't clear, and sign the last section if you accept.

1. THE JOB

JOB TITLE

OFFICE LOCATION

REPORTS TO

START DATE

DAYS AND HOURS

EMPLOYMENT TYPE

- ☐ Full-time
- ☐ Part-time
- ☐ Temporary

2. PAY

HOURLY RATE

PAY SCHEDULE (WEEKLY, EVERY TWO WEEKS, ...)

FIRST PAYDAY

HOW YOU'LL BE PAID (DIRECT DEPOSIT, ...)

A dental assistant paid by the hour is usually non-exempt under the federal Fair Labor Standards Act, so hours over 40 in a workweek are paid at one and a half times the regular rate. Confirm the classification for your role.

3. BENEFITS

OFFERED WITH THIS JOB

- ☐ Health insurance
- ☐ Paid time off
- ☐ Retirement plan
- ☐ Continuing education
- ☐ Dental care for you
- ☐ Paid holidays
- ☐ Scrubs or uniform allowance
- ☐ Other

General template, not legal advice. Adapt it to your policies and confirm requirements for your location with a qualified adviser.

WHEN EACH BENEFIT STARTS, AND ANY WAITING PERIOD

4. BEFORE YOU START

This offer depends on the items checked below. We'll tell you if anything comes back that changes it.

THIS OFFER DEPENDS ON

- [ ] Proof of identity and permission to work in the U.S. (Form I-9) by your first day
- [ ] A current Texas dental assistant registration (RDA) if the job includes x-rays or monitoring nitrous oxide
- [ ] A current CPR or BLS card
- [ ] A background check, with your written permission
- [ ] Reference checks
- [ ] Other (describe below)

ANYTHING ELSE TO BRING OR FINISH BEFORE YOUR FIRST DAY

5. YOUR FIRST WEEKS

On your first day we'll go over the schedule, the office and your logins. Before you work chairside you'll complete bloodborne pathogens training, and we'll offer you the hepatitis B vaccine at no cost to you. HIPAA training is part of your first weeks too.

The first 90 days are an introductory period for training and feedback. It doesn't change the at-will nature of your employment.

6. AT-WILL EMPLOYMENT

Your employment is at will. You or the practice can end it at any time, with or without a reason or notice. This letter isn't a contract for a set length of time, and only a written agreement signed by the practice owner can change that.

7. ACCEPTING THIS OFFER

PLEASE REPLY BY | **QUESTIONS? CONTACT**

If you accept, sign below and send a copy back to us. We're looking forward to working with you.

PRACTICE OWNER OR OFFICE MANAGER: PRINTED NAME | **SIGNATURE** | **DATE**

CANDIDATE (I ACCEPT THIS OFFER): PRINTED NAME | **SIGNATURE** | **DATE**

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