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4.105:02 Letter of Conditional Job Offer

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FORM # 4.105:02



Letter of Conditional Job Offer

Antioch letterhead

date

Name

Address

City, State, Zip Code

Dear Name,

I would like to offer you the position of _____ at Antioch University _____ . This offer of employment is conditional based upon the satisfactory results of a pre-employment medical examination. This examination will determine your ability to perform the essential functions of the job classification, with or without accommodation.

The (Medical Examiner) will conduct the pre-employment medical examinations for the University at our cost. Failure to appear for the medical examination may be considered a rejection of the conditional job offer.

A copy of this letter has been sent to (Medical Examiner) in notification of the need for this examination. You may set up an appointment for your examination by contacting (Medical Examiner) at _____. Please make this appointment within the next five business days. The enclosed Medical Examination Consent Form must be completed and brought to the clinic at the time of your appointment.

I will contact you when I have been notified of the results of this examination. If you have any questions about this process, please contact me at _____.

Sincerely,

Director

Department

Cc: Medical Examiner