

**Employment Offer**

Form Code:UDGS014

**Employer's Name:** University of Bahrain**Address** : P.O. Box 32038, Sakhir, Kingdom of Bahrain**Candidate's (Employee) Details:**

Name: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

Job Title: \_\_\_\_\_ Center Concerned: \_\_\_\_\_

Employment Duration: \_\_\_\_\_

Commencing Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Monthly Salary: \_\_\_\_\_

Paid by: \_\_\_\_\_

**Duration of Employment Termination Notice Required:** By Employee \_\_\_\_\_ Months By Employer \_\_\_\_\_ Months

Employer:	Candidate:
Responsible Name: _____	Date: _____
Responsible Title: _____	Signature: _____
Date: _____	
Signature: _____	
Stamp: _____	

PS: This offer is subject to obtaining work permit form the appropriate authority.