



Keystone Agency Partners

Offer Letter Request Form

Agency Name: _____

Is this a new position? Yes No

Is this a replacement position? Yes No

If yes, who is this position replacing? _____

Is this an approved position within the budget? Yes No

Candidate Name	
Candidate Health Insurance Gender	
Candidate's Personal Email Address	
Physical Address, City, State, and Zip Code	
Phone Number	
Start Date	
Position Title	
Rate per Hour OR Annual Salary	
Non-Exempt / Exempt	
Manager / Department	
Reimbursement Account Needed Y/N	
Office Location	
Work Arrangement (Office, Home, Hybrid)	
PTO Days/Hours	
Length of Probationary Period, if any.	
If the Candidate is a Producer, please provide details on their salary stepdown schedule and/or commission schedule, if applicable.	