

[Date]

[Worker Name]

[Worker Address]

[City, State, Zip Code]

**Subject: Assignment Confirmation**

Dear [Worker Name],

This letter confirms your assignment as a contingent worker at [Company Name]. Please find the details of your assignment below:

- **Role:** [Job Title/Project Role]
- **Start Date:** [Start Date]
- **End Date:** [End Date/Estimated Duration]
- **Reporting Manager:** [Manager Name]
- **Department:** [Department Name]
- **Work Location:** [Physical Address or Remote]

This assignment is facilitated through [Staffing Agency Name, if applicable]. Please note that as a contingent worker, you are not an employee of [Company Name] and are not eligible for company-sponsored benefits.

Your assignment is subject to the following conditions:

- Adherence to all [Company Name] site policies and safety protocols.
- Signed Confidentiality and Non-Disclosure Agreement.
- Completion of required background checks or screenings.

This assignment is "at-will," meaning either you, [Staffing Agency Name], or [Company Name] may terminate this assignment at any time, with or without cause or notice.

Please sign below to acknowledge your acceptance of these terms.

Sincerely,

[Name]

[Title]

[Company Name]

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**Acknowledgment:**

I accept the assignment under the terms described above.

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[Worker Signature]

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[Date]