Date: [Insert Date]

To: [Worker Full Name]
Employee ID: [Insert ID Number]

Subject: Confirmation of Assignment

Dear [Worker Name],

We are pleased to confirm your placement for the following assignment. Please review the details of your shift and location below:

- **Client Company:** [Insert Client Name]
- **Work Site Address:** [Insert Full Address/Gate Number]
- **Start Date:** [Insert Date]
- **Shift Pattern:** [e.g., Mon-Fri / 4-on-4-off]
- **Shift Times:** [Insert Start Time] to [Insert End Time]
- **Position/Role:** [e.g., Forklift Operator / General Laborer]
- **Reporting To:** [Insert Supervisor Name]

Compensation and Benefits:

- **Hourly Rate:** $[Amount] per hour
- **Overtime Rate:** $[Amount] per hour (after [Number] hours)
- **Payment Frequency:** [e.g., Weekly/Fortnightly]

Requirements and Safety:

- **Required PPE:** [e.g., Steel-toed boots, High-visibility vest, Hard hat]
- **Clock-in Procedure:** [Insert Instructions]
- **Health & Safety:** You must follow all site-specific safety protocols. If you identify a hazard, report it to your supervisor immediately.

If you are unable to attend your shift for any reason, you must contact the agency at [Insert Phone Number] at least [Number] hours before your start time.

Please sign below to acknowledge that you have received and understood the details of this placement.

Regards,

[Consultant Name]
[Agency Name]

Worker Acknowledgment:

Signature: _____ Date: _____