



Performance Mechanical, Inc.

*General Engineering Contractor
P.O. Box 1516 – 701 Willow Pass Rd, Suite 2
Pittsburg, California 94565*

*(925) 432-4080
Fax: (925) 432-4141*

EMPLOYMENT CONFIRMATION LETTER

(The following is a description of terms as of the date of hire - this is NOT a contract)

Date: _____

Employee Name:

Start Date:

Location:

Department:

Position Title:

Pay Rate:

Position Type (*check one*):

Field ☐

Staff ☐

Payroll Classification (*check one*):
(*contact payroll for clarification*)

FT-Hourly ☐
FT-Salaried ☐
FT-Bargained ☐
FT-Temp ☐

PT-Hourly ☐
PT-Salaried ☐
PT-Bargained ☐
PT-Temp ☐

Project Specific (*check one*):

Yes ☐
No ☐

If yes, Project Number: _____

Benefits (*check one*):

☐ Option 1 – Declines Benefits

☐ Option 2 – Union benefit package (for bargained employees) - state union: _____

☐ Option 3 – Staff EMCOR Plan
Health & Benefits Plan

- Minimum eligibility requirement = 30 work hours per week
- Eligible date = first of month after hire
- Available coverage includes Medical, Dental and Vision
- Coverage available for employees and dependents, as elected
- Monthly cost to the employee varies per the yearly schedule of rates
- Employee Life Insurance
- Employee Disability Insurance benefits

401K Plan

- Eligible date = first of month after hire, no minimum work hours
- T Rowe Price (self directed allocations via internet)
- Employer matching + discretionary supplemental match
- Not available to temporary or bargained employees

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Employment Confirmation Letter

Paid Time Off:

- 2 weeks first year employment
- 3 weeks for employment years 2 through 9
- 4 weeks for 10 or more years of employment

Travel: Cost reimbursement _____
(If none, Per Diem If Per Diem enter amount: \$ _____
Delete this Other (describe) *Per Diem Expense Agreement must also
Section) be submitted

Vehicle: Assigned Company vehicle? Yes ☐ No ☐ If so, vehicle number: _____
(If none, Car allowance? Yes ☐ No ☐ If so, monthly amount: \$ _____
Delete this Section)

Fuel Card: Yes ☐ Note: employee must submit receipts and Monthly Fuel Expense Form to
(Delete if no) No ☐ determine monthly taxable fuel expense.

Credit Card: Yes ☐
(Delete if no) No ☐

Authority to sign purchase orders: Yes ☐ If yes, authority amount: \$ _____
No ☐

Please note that employment with PMI is “at will” and conditions are subject to change.
Describe any other compensation: *(Delete if not Salary) - Overtime compensation is straight time hourly equivalent rate for all hours worked over 50 per week on scheduled overtime projects.*

Employee Signature Date

Project Manager - PMI Date
(if applicable)

Region General Manager or Date
Construction Manager - PMI
(if applicable)

Department Manager Date
(if applicable)

Vice President - PMI Date

Approved, President & CEO - PMI Date