

COMPLETION AGREEMENT

THIS CONTRACT AND AGREEMENT MADE AND ENTERED INTO ON THIS THE _____ DAY OF _____, _____, BY AND BETWEEN _____, A _____ CORPORATION, OF _____ COUNTY, _____, HEREINAFTER CALLED EMPLOYER, AND _____, OF _____, HEREINAFTER CALLED EMPLOYEE:

WITNESSETH:

FOR AND INCONSIDERATION of the mutual benefits and promises as set out hereinbelow it is agreed by the parties hereto as follows:

1. Employee agrees that in the event anything happens, physically or mentally, to _____, President of Employer, which would prevent him from supervising and managing the completion of any project that has been started by Employer, Employee will continue to work for Employer and will supervise and manage said project to completion.

2. In the event that Employee is called upon to perform under Paragraph 1 hereinabove, Employer will pay to Employee his then present salary plus an additional sum of _____ per cent of his then present salary.

WITNESS our hands and signatures in duplicate on this the day and date first above written.

By: _____
PRESIDENT
EMPLOYER

ATTEST: _____
SECRETARY

EMPLOYEE