**AGENCY LETTERHEAD**

Date

Employee Name

Employee Address

City, State Zip-Code

Dear Employee Name:

Welcome back! This is to confirm your seasonal appointment as a/an Job Classification in position number Short Position #/Long Position #, with agency name, effective Effective Date. In accordance with Washington Federation of State Employees (WFSE) Collective Bargaining Agreement (CBA) Article 4.5(E), you are a permanent seasonal career employee. This appointment was made from the agency name Internal Layoff List. Your appointment is expected to terminate on date.

Pertinent details are noted below:

|  |  |
| --- | --- |
| ***Salary:*** | Range Range, Step Step; $Pay Rate/month/hour |
| ***Periodic Increment Date:*** | Periodic Increment Date |
| ***Insurance Eligibility:*** | Insurance Eligible OR Insurance Ineligible |
| ***Retirement Eligibility:*** | Retirement Eligible OR Retirement Ineligible |
| ***Overtime Eligibility Designation:*** | Overtime Eligible OR Overtime Exempt |
| ***Work Shift/Schedule:*** | Workdays, hours of work |
| ***Bargaining Unit:*** | WFSE |
| ***Supervisor:*** | Supervisor Name |
| ***Official Workstation:*** | Address City, State Zip |
| ***Layoff Unit:*** | Seasonal |

In the event you have questions concerning this appointment, please feel free to contact Name at Phone # or Email Address.

Best wishes in your new appointment.

Sincerely,

Supervisor/Appointing Authority/HR Liaison

Title

cc: Supervisor Name, Supervisor

 saa@des.wa.gov

 Personnel File