**AGENCY LETTERHEAD**

Date

Employee Name

Employee Address

City, State Zip-Code

Dear Employee Name:

This is to confirm your voluntary demotion to a a / an job classification, in position number Position #, within Agency. This appointment is effective Effective Date. In accordance with Washington Federation of State Employees (WFSE) Collective Bargaining Agreement (CBA) Article 4.6B, you will OR will not be required to serve a six-month trial service period. **If no trial service period, remove this sentence:** Permanent status in this classification will be achieved upon successful completion of the trial service period, which may be extended not to exceed 12 months.

Pertinent details are noted below:

|  |  |  |
| --- | --- | --- |
|  |  | |
| ***Salary:*** | | Range Range, Step Step; $Monthly Wage/month | |
| ***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 | |

In the event you have questions concerning your 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