**AGENCY LETTERHEAD**

Date

Employee Name

Employee Address

City, State Zip-Code

Dear Employee Name:

This is official notification that your workweek will change from Example: 12:00am Sunday through 11:59pm Saturday to Example: 12:00pm Friday through 11:59am Friday beginning Effective Date. This change will remain in effect for the duration of your alternative work schedule (9/80 flex schedule).

As of Effective Date, your new schedule is:

Week 1 – Example: Monday 8:00 am to 4:30 pm, Tuesday through Friday 8:00 am to 5:30 pm

Week 2 – Example: Monday off, Tuesday through Friday 8:00 am to 5:30 pm

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

Sincerely,

Supervisor/Appointing Authority/HR Liaison

Title

cc: Supervisor Name, Supervisor

despayroll@des.wa.gov

saa@des.wa.gov

Personnel File