**AGENCY LETTERHEAD**

Date

Employee Name

Employee Address

City, State Zip-Code

Dear Employee Name:

Congratulations on your exempt appointment as the Job Classification, in position # Position #, with Agency Name effective Effective Date. As you are aware, this position is exempt from civil service and you are employed at will. **OPTIONAL:** As discussed, you have been authorized to accrue vacation leave at the accelerated rate of number of hours per month.

Pertinent details are noted below:

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| --- | --- |
|  |  |
| ***Salary:*** | EMS Band Band #,$     /month  |
| ***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:*** | Non-Represented |
| ***Supervisor:*** | Supervisor Name |
| ***Official Workstation:*** | Address City, State Zip |

If you have any questions regarding your job requirements and performance expectations, please discuss them with your supervisor. For all other questions, please contact your assigned HR Business Partner, HRBP Name at Phone & Email.

Best wishes in your appointment.

Sincerely,

Supervisor/Appointing Authority/HR Liaison

Title

cc: Supervisor Name, Supervisor

 saa@des.wa.gov

 Personnel File