**AGENCY LETTERHEAD**

Date

Employee Name

Employee Address

City, State Zip-Code

Dear Employee Name:

Congratulations on your in-training appointment from a Lowest Job Classification to a Goal Job Classification, in position number Position #, with Agency Name, effective Effective Date. In accordance with WACs 357-19-265 and 357-19-050, you will be required to serve an initial six month probationary period and subsequent six month trial service period at each step of the in-training plan in order to gain permanent status as a /an goal job classification. **OR** you will be required to serve an initial six month probationary period and subsequent trial service period that will run concurrently with the entirety of your in-training plan in order to gain permanent status as a /an goal job classification **OR** youwill be required to serve a trial service period that will run concurrently with the entirety of your in-training plan in order to gain permanent status as a /an goal job classification **OR** you will be required to serve a six month trial service period at each step of the in-training plan in order to gain permanent status as a /an goal job classification.

The enclosed in-training plan (Attachment 1) provides a description of the duration and requirements of your in-training program.

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:*** | Non-Represented |
| ***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

Attachment:

1. In-Training Plan