**AGENCY LETTERHEAD**

Date

Employee Name

Employee Address

City, State Zip-Code

Dear Employee Name:

Congratulations on your appointment as a Job Classification, in position # Position #, with Agency Name, effective Effective Date. In accordance with WAC 357-19, permanent status in this classification is achieved upon successfully completing a six (6) month trial service period and 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:*** | | 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