**AGENCY LETTERHEAD**

Date

Employee Name

Employee Address

City, State Zip-Code

Dear Employee Name:

This is to confirm the extension of your non-permanent appointment as a Job Classification, in position number Position # with Agency Name. Your non-permanent appointment will terminate on End Date unless you receive written notification to end or extend your non-permanent appointment. In accordance with Washington Federation of State Employees (WFSE) Collective Bargaining Agreement (CBA) Article 4.5 Agency Name may end your non-permanent appointment at any time by giving one (1) working day’s notice **OR** Agency Name may end your non-permanent appointment at any time by giving fifteen (15) calendar days notice.

In accordance with the WFSE CBA Article 10.3, employees who have been, or are scheduled to be, contentiously employed by the state for four months are entitled to one paid personal holiday per calendar year. Additionally, per Article 17.9, employees who have been continuously employed for more than four months are entitled to one paid workday as a personal leave day each fiscal year.

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| ***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.

Sincerely,

Supervisor/Appointing Authority/HR Liaison

Title

cc: Supervisor Name, Supervisor

 saa@des.wa.gov

 Personnel File