**AGENCY LETTERHEAD**

Date

Employee Name

Employee Address

City, State Zip-Code

Dear Employee Name:

This letter is to confirm that your salary has been adjusted due to a change in work schedule, effective Effective Date.

Pertinent details are noted below:

|  |  |
| --- | --- |
| ***Salary:*** | Range Range, Step Step; $ Monthly Wage/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 |
| ***Supervisor:*** | Supervisor Name |

If you have any questions regarding this letter, please contact me at Contact Phone/Email.

Supervisor/Appointing Authority/HR Liaison

Title

cc: Supervisor Name, Supervisor

 saa@des.wa.gov

 Personnel File