**AGENCY LETTERHEAD**

Date

Employee Name

Employee Address

City, State Zip-Code

Dear Employee Name:

Congratulations on your appointment as a/an Job Classification in position number Short Position #/Long Position #, with the Agency Name effective Date. In accordance with WFSE Article 4.5 time spent in a non-permanent appointment may count towards the probationary or trial service period for the permanent position within the same job classification. The Appointing Authority has not approved your time spent as a non-permanent Job Classification from Date to Date to count towards your probationary OR trial service period because fill in reason here. Permanent status in this classification is achieved upon successfully completing a six (6) month probationary OR trial serviceperiod 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:*** | 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.

Best wishes in your new appointment.

Sincerely,

Supervisor/Appointing Authority/HR Liaison

Title

cc: Supervisor Name, Supervisor

 saa@des.wa.gov

 Personnel File