**AGENCY LETTERHEAD**

Date

Employee Name

Employee Address

City, State Zip-Code

Dear Employee Name:

This is to confirm the extension of your project appointment as a / an job classification in position number within the agency. Your project appointment will terminate on date unless you receive written notification to extend your project appointment. Your salary will remain the same.

In the event you have questions concerning this extension, 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