**AGENCY LETTERHEAD**

Date

Employee Name

Employee Address

City, State Zip-Code

Dear Employee Name:

Congratulations on your in-training appointment from a Lowest Job Classification to a /an goal job classification, in position number Position #, with the Agency Name, effective Effective Date. In accordance with Washington Federation of State Employees (WFSE) Collective Bargaining Agreement (CBA) Article 4.5(C), you will be required to serve an initial six month probationary period and subsequent six month trial service period at each step of the in-training plan in order to gain permanent status as a /an goal job classification. **OR** you will be required to serve an initial six month probationary period and subsequent trial service period that will run concurrently with the entirety of your in-training plan in order to gain permanent status as a /an goal job classification **OR** youwill be required to serve a trial service period that will run concurrently with the entirety of your in-training plan in order to gain permanent status as a /an goal job classification **OR** you will be required to serve a six month trial service period at each step of the in-training plan in order to gain permanent status as a /an goal job classification.

The enclosed in-training plan (Attachment 1) provides a description of the duration and requirements of your in-training program. 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

Attachment:

1. In-Training Plan