**AGENCY LETTERHEAD**

Date

Employee Name

Employee Address

City, State Zip-Code

Dear Employee Name:

Congratulations on your non-permanent on-call appointment as a/an Job Classification, in position number Short Position #/Long Position #, within the Agency Name agency effective Effective Date. **If non-permanent state employee:** agency name may end your non-permanent appointment at any time by giving one (1) working days’ notice. **OR If permanent state employee**: agency name may end your non-permanent appointment at any time by giving fifteen (15) calendar’s day notice. This appointment was made in accordance with CBA Article 4.5.

Pertinent details are noted below:

|  |  |
| --- | --- |
| ***Salary:*** | Range Range, Step Step; $Pay Rate/month / hour |
| ***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 |
| ***Return Rights to Perm Position:*** | None OR Permanent Position OR Layoff |

In the event you have questions concerning this 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