**AGENCY LETTERHEAD**

Date

Employee Name

Employee Address

City, State Zip-Code

Dear Employee Name:

Congratulations on your project appointment as a a / an job classification, in position #Position #, with Agency Name, effective Effective Date. Your employment in the project will terminate on End Date unless you are notified otherwise. In accordance with Washington Federation of State Employees (WFSE) Collective Bargaining Agreement (CBA) Article 4.5, permanent project status is achieved with the state upon successfully completing a six (6) month Trial Service or Probationary period and may be extended not to exceed twelve (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