**AGENCY LETTERHEAD**

Date

Employee Name

Employee Address

City, State Zip-Code

Dear Employee Name:

Congratulations on your Washington Management Service (WMS) appointment as Working Title, in position # Position #, with Agency Name, effective Effective Date. **OPTIONAL:** In accordance with WAC 357-58-175, you have been authorized to receive an accelerated accrual rate of # of hours vacation hours per month.

Pertinent details are noted below:

|  |  |
| --- | --- |
|  |  |
| ***Salary:*** | WMS Band #, $Monthly Wage/month |
| ***Review Period:*** | 12 or 18 months |
| ***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:*** | Non-Represented |
| ***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