****

**AGENCY LETTERHEAD**

Date

Employee Name

Employee Address

City, State Zip-Code

Dear Employee Name:

**Keep only if EE initiated:** You initiated a request to have your Position Description (PD) form reviewed by the Department of Enterprise Services Human Resources Division. After a thorough review of your duties and responsibilities as described in the Position Description (PD) form for position number Position # dated effective date on PDF it has been determined that the most appropriate allocation for this position is a / an job classification. In accordance with WAC 357-13-090,permanent status in this classification is achieved upon successfully completing a six (6) month trial service OR probationary period and may be extended not to exceed 12 months. **OR** you will retain permanent status in this position.

Pertinent details are noted below:

|  |  |
| --- | --- |
| ***Effective Date:*** | Effective Date of Reallocation |
| ***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:*** | Non-Represented |
| ***Supervisor:*** | Supervisor Name |
| ***Official Workstation:*** | Address City, State Zip |

If you disagree with this allocation decision, you may request a Director review in accordance with WAC 357-13-080. Your request must be in writing and received by the OFM Director Review Program within thirty (30) calendar days from the date of being provided this allocation decision.

You may file your request directly from the OFM website(<https://ofm.wa.gov/directors-reviews>) using the electronic form and uploading a copy of this letter. You will receive immediate confirmation.

Filing online is preferred, but you may also file by fax, by mail or hand delivery. Find more information on how to file at the web address above. The phone number for the Director Review Program is 360-407-4101.

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