**AGENCY LETTERHEAD**

Date

Employee Name

Employee Address

City, State Zip-Code

Dear Employee Name:

Congratulations on your non-permanent appointment as a Job Classification, in position # Position #, with Agency Name, effective Effective Date. Your non-permanent appointment is scheduled to last aproximately or through length of appointment or last day in NP appt, unless you receive written notification to end or extend your non-permanent appointment. **If Non-Permanent State Employee:** Agency Name may end your non-permanent appointment at any time by giving one (1) working day’s notice. **OR If permanent state employee:** Agency Name may end your non-permanent appointment at any time by giving fifteen (15) calendar days’ notice. This appointment was made in accordance with Washington Federation of State Employees (WFSE) Collective Bargaining Agreement (CBA) Article 4.5.

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 |
| ***Return Rights to Perm Position:*** | None / Layoff List / Permanent Position / Contact Permanent Agency for Return Rights |

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