**AGENCY LETTERHEAD**

Date

Employee Name

Employee Address

City, State Zip-Code

Dear Employee Name:

Congratulations! This is to confirm your probationary seasonal appointment as a/an Job Classification in position number Short Position #/Long Position #, with agency name, effective Effective Date. In accordance with Washington Federation of State Employees (WFSE) Collective Bargaining Agreement (CBA) Article 4.5(E), permanent status in this classification is achieved upon successfully completing a six (6) month probationary period and may be extended not to exceed 12 months. Your appointment is expected to terminate on date.

Pertinent details are noted below:

|  |  |
| --- | --- |
| ***Salary:*** | Range Range, Step Step; $Pay Rate/month/hour |
| ***Review Period*** | # months |
| ***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 |
| ***Layoff Unit:*** | Seasonal |

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