**AGENCY LETTERHEAD**

Date

Employee Name

Employee Address

City, State Zip-Code

Dear Employee Name:

This letter is to confirm the removal of the temporary additional pay increase originally approved Effective Date. Your salary is returning to $Monthly OR Hourly Wage per month (RangeRange, Step Step) effective Effective Date.

In the event you have questions, please feel free to contact Name at Phone # or Email Address.

Sincerely,

Supervisor/Appointing Authority/HR Liaison

Title

cc: Supervisor Name, Supervisor

 saa@des.wa.gov

 Personnel File