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**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 Form (PDF) 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 Washington Federation of State Employees (WFSE) Collective Bargaining Agreement (CBA) Article 41.4,you will retain your existing status in this position **OR** permanent status in this classification is achieved upon successfully completing a six (6) month trial service OR probationaryperiod and may be extended not to exceed twelve (12) months..

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:*** | WFSE |
| ***Supervisor:*** | Supervisor Name |
| ***Official Workstation:*** | Address City, State Zip |

WFSE CBA Article 41.4 states you are eligible to be placed on the internal layoff list for the job class you held permanent status in prior to the reallocation and in the General Government Transition Pool Program.

Additionally, per WFSE CBA Article 41.3, you may request a review of the reallocation of your position by the Director’s Review Program, Office of the State HR Director.  The request for a review must be filed, in writing, with the Director’s Review Board within thirty (30) days of the date of the letter notifying you of the reallocation.  To be valid, your written request must contain the reasons and basis for the review, including the factors you believe were ignored or overlooked in making the reallocation determination.  The mailing address of the Director’s Review Board, Office of the State HR Director is PO Box 40911, Olympia, WA 98504-0911.

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