**AGENCY LETTERHEAD**

Date

Employee Name

Employee Address

City, State Zip-Code

Dear Employee Name:

This letter is confirmation of your approved salary increase. Effective Effective Date, your salary will increase from $Monthly OR Hourly Wage per month OR hour (RangeRange, Step Step) to $Monthly OR Hourly Wage per month OR hour (RangeRange, Step Step). This represents a percent% increase, which reason for increase (i.e. growth and development, recruitment, retention, or necessary for internal salary equity, or other business reasons.)

Due to this salary increase, effective Effective Date your position title position, position number position number, has been changed from overtime eligible to overtime exempt. This means your position is no longer eligible for overtime if you work over 40 hours in the work week.

This change is based on recent changes to either your salary or the position duties or an audit of the positions FLSA status. The federal Fair Labor Standards Act (FLSA) and state laws govern position classifications as overtime eligible or overtime exempt, and these laws apply to all positions. Positions that are exempt from overtime must meet very specific criteria, such as paying a minimum salary amount, paying on a salary basis, and passing a specific job duties test.

In the event you have questions concerning your salary increase, 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