**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.)

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