**AGENCY LETTERHEAD**

Date

Employee Name

Employee Address

City, State Zip-Code

Dear Employee Name:

This is to confirm the extension of your non-permanent appointment as a Job Classification, in position number Position # with Agency Name. Your non-permanent appointment will terminate on End Date unless you receive written notification to end or extend your non-permanent appointment. In accordance with WAC 357-19-410, Agency Name may end your non-permanent appointment at any time by giving one (1) working day’s notice **OR** Agency Name may end your non-permanent appointment at any time by giving fifteen (15) calendar days notice.

In accordance with WAC 357-31-055, employees who have been, or are scheduled to be, continuously employed by the state for four months are entitled to one paid personal holiday per calendar year.

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| --- | --- |
| ***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:*** | Non-Represented |
| ***Supervisor:*** | Supervisor Name |
| ***Official Workstation*** | Address City, State Zip |

In the event you have questions concerning your appointment, 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