**AGENCY LETTERHEAD**

Date

TO: Employee Name

Title

FROM: Supervisor/Appointing Authority/HR Liaison

 Title

SUBJECT: Supervisor Change

Effective Effective Date, your Position Title (position #Position #) will report to Supervisor Name with Agency Name.

If you have questions concerning this change, please feel free to contact Name at Phone # or Email Address.

cc: Supervisor Name, Supervisor

 saa@des.wa.gov

 Personnel File