Date

Name

Address

City, State Zip

email address

Dear Name:

The Department of Enterprise Services WMS committee met on Date Evaluated to review and evaluate your position, number Long position/short position. After a thorough review of the responsibilities described in the WMS Position Description dated Date, it has been determined that your position is a Band Band # and is rated ex: X3C at JVAC Points points. The approved title for this position is Position Working Title. Per , \*ADD REVIEW PERIOD INFO BASED ON SELECTED WAC\*. The review period may be extended, not to exceed eighteen months. Pertinent details are noted below:

|  |  |
| --- | --- |
| **Effective Date:** | Effective Date |
| **Salary:** | WMS Band #, $     , /month |
| **Band/JVAC Points:** | WMS Band #, JVAC JVAC |
| **Length of Review Period:** | Length of Review Period |
| **Benefits Eligibility:** |  |
| **Overtime Eligibility Designation:** |  |
| **Retirement Eligibility Designation:** |  |
| **Work Shift/Schedule:** | Workdays, hours of work |
| **Bargaining Unit:** |  |
| **Supervisor:** | Supervisor Name |
| **Official Workstation:** | Address City, State Zip |

In the event you have questions concerning your 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