HAND DELIVERED or REGULAR AND CERTIFIED MAIL

March 8, 2011

Name  
Address  
City, State Postal Code

RE: Trial Service Reversion

Dear Name:

This letter is to formally advise you that you are being reverted during your trial service period as a(n) Title in the Department .

Your last working date in your current position is Date. [requires a minimum 7 calendar days notice – **the department must contact HRS prior to initiating this process]** HR Representative Name, Human Resource Consultant, will contact you to discuss your options with Washington State University.

This action is being taken in accordance with 357-19-100 and 357-19-105 of the Washington Administrative Code.

Sincerely,

[A list of appointing authorities can be found at [hrs.wsu.edu/ApptAuth](http://www.hrs.wsu.edu/Utils/File.aspx?fileid=252)]

Appointing Authority Name

Title

cc: Old Supervisor/Manager

New Supervisor/Manager

Appropriate Area/Department Representative(s)

HRS Personnel File

HRS Employment Services