HAND DELIVERED OR SENT REGULAR AND CERTIFIED MAIL

DATE

Name

Address

City, State Postal Code

RE: Trial Service Reversion

Dear Mr./Mrs. Employee 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.

[Describe reason for reversion if required by Contract]

EXAMPLE ONLY You have failed to meet the standards of the office (describe). Your supervisor met with you on Date to discuss your performance deficiencies and the required improvements. You received written notice of deficiencies on Date and Date. Unfortunately, you have been unable to meet an acceptable standard of performance.

Your last working date in your current position is Date. [Requires notice – **the department must contact HRS prior to initiating this process**] HR Representative Name, Human Resource Consultant, will contact you to review any options with Washington State University (WSU).

This action is being taken in accordance with Article XX of the 20xx-20xx WSU/Washington Federation of State Employees or WSU/WSU Police Guild collective bargaining agreement.

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

Title

CC: Former Supervisor/Manager

Appropriate Area/Department Representative(s)

HRS Employment Services

HRS Personnel File