

**SAMPLE – Reallocation**

**[Date]**

**[Name]**

**[Address]**

Via **[Hand Delivery OR Certified Mail No. \_\_\_\_\_]**

Dear **[Mr./Ms. Last Name]**:

The purpose of this letter is to advise you that the West Virginia Division of Personnel has completed the review of your position and issued a classification determination. Based upon the decision communicated to the **[agency/department name]**, your position is being reallocated from the classification of **[classification]** in pay grade **[#]** to **[classification]** in pay grade **[#]**, effective **[date]**. Your salary of **[\$]** will **[remain the same / be increased to \$ / be reduced to \$]** **[Add details as to why the salary was changed. E.g., percentage increase per grade, decreased to the maximum in the lower pay grade, etc.]**. This personnel action is in accordance with subsections 4.7 and 5.4 of the *Administrative Rule* of the West Virginia Division of Personnel, W. VA. CODE R. §143-1-1 *et seq.*

You may respond to me, in person and/or in writing, concerning the contents of this letter, provided you do so within fifteen (15) calendar days of its date. For any appeal rights you may have, please refer to W. VA. CODE §6C-2-1 *et seq.*, the West Virginia Public Employees Grievance Procedure. If you choose to exercise your grievance rights, you must submit your grievance, on the prescribed form, within fifteen (15) working days of the **[date of verbal or written notice]** to **[name and address of Chief Administrator]**. As provided in the statute, you may proceed to Level Three of the Procedure upon the agreement of the chief administrator, or when dismissed, suspended without pay, or demoted or reclassified, resulting in a loss of compensation or benefits. You must provide copies of your grievance to the Public Employees Grievance Board at 1701 5th Avenue, Suite 2, Charleston, WV 25387; **[agency copy - name and address]**; and the Director of the Division of Personnel, State Capitol Complex, 1900 Kanawha Boulevard, East, Building 3, Suite 500, Charleston, West Virginia, 25305. Details regarding the grievance procedure, as well as grievance forms, are available at the Board's website at [www.pegb.wv.gov](http://www.pegb.wv.gov) or you may telephone the Board at (304) 558-3361 or toll-free at (866) 747-6743. **[Grievance rights are optional. More appropriate if the employee is reallocated downward.]**

Sincerely,

**[Appropriate Signature Authority]**

c: Agency Personnel File  
West Virginia Division of Personnel

**[OPTIONAL LANGUAGE - *If the employer meets with the employee and hand delivers the letter, the employer may request that the employee verify receipt by signing the following acknowledgement typed at the bottom of the letter.*]**

I have received a copy and am aware of the contents of the foregoing letter.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**[OPTIONAL LANGUAGE - *If mailed via U. S. Postal Service, the following certification may be typed at the bottom of the letter.*]**

The undersigned certifies that the above letter/notification was mailed to **[name]** by first-class and certified mail, return receipt requested, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**[signature]**\_\_\_\_\_  
**[typed name and title]**

**[NOTE: *Revised 11/22. Ensure law, rule, and policy language is current.*]**