

Part III. Reassignment Approval

Reminder to supervisors: If the employee's responsibilities, location, etc. are changing, re-evaluate the information access and any other access the employee has and add or remove as appropriate due to the reassignment.

Print Name Current Supervisor

Signature

Date

Print Name New Supervisor

Signature

Date

Supervisor Phone No: _____

Print Name New Department Head

Signature

Date

Part IV. Employee Signature

I have been given the opportunity to have all my questions answered concerning this reassignment

Print Employee Name

Employee Signature

Date

Human Resources Use Only

Effective Date: _____

Dept. Notified: _____

UHR Approval: _____