## University Human Resources HR Consulting Services Employee Reassignment Request

Last			
Employee#:			
Current UVA Job Title:			
Current Work Title:			
Current US Position #:	Hours Worked/Wk.:		
Organization Code:			
Part II. Position Inform	nation. Request Reassignm	ent of above employee to:	
	•	Organization Code:	
New Work Title:	·	New US Position #:	
Requested Effective Date: (Must be prospective & Sta	rt of pay period)		
	•	s License Required? No Yes, specify type:	
Does this position require a	a license or certification? If yes gnment Below:		
Does this position require a  Explain Reason for Reassig	a license or certification? If yes	, specify type:	
Does this position require a  Explain Reason for Reassig	a license or certification? If yes	, specify type:	

Part III. Reassignment Approval				
<b>Reminder to supervisors:</b> If the emploinformation access and any other access 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 h	ave all my questions answered con-	cerning this reassignment		
Print Employee Name	Employee Signature	Date		
Human Resources Use Only				
Effective Date:	-			
Dept. Notified:	-			
UHR Approval:	-			

Revised: July 2012