

FS Department ADMINISTRATIVE REMARKS
Work Place Re-Assignment Procedure

FS Department Unit:

SUBJECT:

Work Place Re-Assignment

Permanent Temporary

1. UTK Facilities Services Supervisors are required to:

- a.) Inform the individuals who are being reassigned from their usual assigned work place area the reason for this reassignment.
- b.) When possible provide a two-week notice;
- c.) If reassignment is due to workload demand, request volunteers first, and;
- d.) Complete Cultural Competence Training in K@TE.

2. This serves as notice that volunteers were requested to meet workload demand and none or not enough volunteered:

Supervisor Signature

3. This serves as notice that the employee, _____ is reassigned as follows:

- a. Work place location is moving from _____ to _____
- b. Beginning mm/dd/yyyy _____ ; if temporary, ending mm/dd/yy _____
- c. For the following reason(s) _____

4. I acknowledge the above and understand its contents.

Employee's Signature and Date Signed

Supervisor's Signature and Date Signed

Director's Signature and Date Signed

Uniform Coordinator's Signature and Date Signed

FS Department HR Office

Date:

Signature: