S A M P L E

Permanent Reassignment Request

Date: [**Current Date**]

To: [**Provost’s Name**], Provost and Vice President for Academic Affairs

From: [**Dean’s/AVP’s Name and Title**]

RE: Reassignment for [**Name of Employee**], [**Name of College/Department**]

This memorandum is to request approval to permanently reassign [**name of employee**] from [**one department/unit** (**current position’s classification)**] to [**another department/unit** (**reassigned classification)**].

The following items are attached to this cover memorandum:

* Reassignment Request Form
* Memorandum from the HEERA Manager to the Employee regarding the Notice of Permanent Reassignment
* Updated Job Description
* Current Organization Chart

[**Provide a brief paragraph to outline the details/justification of the reassignment of this position**] and include the following information:

 **Current Position** **Reassignment**

* Classification Classification
* Working Title Working Title
* Position number Position number
* Department New department
* Chartfield String Chartfield String
* Salary Salary (an increase cannot be given)
* Person reporting to Person reporting to
* Name of HEERA Manager Name of HEERA Manager

Thank you for your consideration.

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sylvia A. Alva, Provost and

 Vice President for Academic Affairs