



# WORK PROGRAM ASSIGNMENT/CHANGE/TERMINATION

Name: \_\_\_\_\_ DOC number: \_\_\_\_\_ Unit: \_\_\_\_\_  
 Earned release date: \_\_\_\_\_ GED/High school diploma?  No  Yes  
 Health/accommodation status report effective?  No  Yes, end date: \_\_\_\_\_

## CURRENT ASSIGNMENT

Class:  I  II  III  IV  Department of Natural Resources  Gate card access  
 Program title: \_\_\_\_\_ Effective: \_\_\_\_\_ Suspension/end date: \_\_\_\_\_

## NEW ASSIGNMENT

Class:  I  II  III  IV  Department of Natural Resources  Gate card access  
 Program title: \_\_\_\_\_ Effective: \_\_\_\_\_ Start date: \_\_\_\_\_

## COMPLETED BY WORK SUPERVISOR

New  Reassign  Promote  Disciplinary action  Terminate  Suspend  Drop

**Reason(s):** (attach supporting documents)

Assignment complete  Violation  Excessive tardiness  Unexcused absences  
 Pending investigation  Behavior  Technical skills  Security/disruption concerns  
 Other: \_\_\_\_\_

**Action(s) taken:** (e.g., disciplinary, administrative, corrective)

\_\_\_\_\_

\_\_\_\_\_

Hours: \_\_\_\_\_ to \_\_\_\_\_  Sun  Mon  Tue  Wed  Thu  Fri  Sat

\_\_\_\_\_  
 Work crew supervisor Signature Date

## FACILITY RISK MANAGEMENT TEAM (FRMT) REVIEW

Terminate  Return to current assignment  Reassign area/position  Drop  
 Promote  Suspend current assignment  Maintain gate card  Remove gate card  
 Violation Number: \_\_\_\_\_ Date: \_\_\_\_\_  Other: \_\_\_\_\_

\_\_\_\_\_  
 FRMT chair Signature Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Assignment Lieutenant/Resource Program Management employees  
**COPY** - Work Crew Supervisor, Case manager