**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:

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| **CURRENT ASSIGNMENT** |

Class:  I  II  III  IV  Department of Natural Resources  Gate card access

Program title:       Effective:       Suspension/end date:

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| **NEW ASSIGNMENT** |

Class:  I  II  III  IV  Department of Natural Resources  Gate card access

Program title:       Effective:       Start date:

|  |
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| **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

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| **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