**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

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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