



SPECIALIZED UNIT ASSIGNMENT REVIEW

EMPLOYEE INFORMATION

Name _____ Date of review _____

Position number _____ Job classification _____ Position title _____

Requested effective date _____ Expected end date (non-permanent) _____

COMPLETED BY HUMAN RESOURCES

Assignment type: Bid Permanent Non-permanent

Vacancy type: Permanent Non-permanent

Position status: Permanent On-call Probationary/trial service

Justification for appointment of a non-permanent employee: _____

At least one year experience as a Correctional Officer. Start date: _____

The employee's personnel file for the previous 2 years has been reviewed and the following applies:

Suspension Demotion Reduction in pay

Pending disciplinary action involving reduction in pay, suspension, or demotion

Comments: _____

 Human Resources Consultant/Manager Signature Date

SUPERVISOR REVIEW

Does the employee demonstrate the characteristics per DOC 400.410 Assignments to Specialized Units? Yes No

Comments: _____

Recommendation: Approval Denial

 Captain/Correctional Program Manager Signature Date

AUTHORIZATION

Approved **Denied** Justification for denial (required): _____

 Superintendent 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** - Personnel file (Human Resources will notify the Roster Manager)