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: ___________

COMPLETED BY WORK SUPERVISOR

□ Reassign  □ Promote  □ Disciplinary action  □ Terminate  □ Suspend  □ Remove from wait list
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  □ Wait list removal
□ Promote  □ Suspend current assignment  □ Maintain gate card  □ Remove gate card
□ Violation  Number: _____  Date: _______  □ Other: _______________________

WAITING LIST

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Comments:
________________________________________________________________________
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FRMT chair: ___________________________  Signature: ___________________________  Date: ___________

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