



# 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

Current	Approved
1.	1.
2.	2.
3.	3.

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

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. Upon completion, the data classification category may change.

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