<div align="center">**REASSIGNMENT FORM**</div>

Section 1.	To be completed by the CURRENT Vice President/Dean/Provost

Employee Name:

CUNYID: **Current Position Number:**

Current Dept.:   **Current CUNYFirst Dept #**

Section 2.	To be completed by the NEW Vice President/Dean/Provost

Department Reassigned to:

CUNYFirst (New)Dept. #   **Office Reassigned to:**

New Job Code/Functional Title (Contact HR x5436):

_____

Is this move to replace another employee: **No**   **Yes**

If yes, replaced employee's name:

New Room #:   **New Mailbox:**   **New Phone Ext.**

Employee will report to: _____
                     (Name)   (Position Number)

Section 3.	To be completed by Employee's new supervisor*:

The following staff will now report to reassigned employee (Please attach additional sheet, if necessary):

Name_____Position # _____
Name_____Position # _____
Name_____Position # _____
Name_____Position # _____

*Attach New Job Description and New Organizational Chart.

Section 4.   To be completed by Position Coordinator:

New Position # _____
Does replaced employee require a new position #_____

Section 5. -   To be completed by Budget Office

CF Budget Coding: Acct_____ Fund_____ Dept #_____ MP_____
OU_____ Prog_____ FUND SrC_____ Sp Init_____
PID# _____

Section 6. – Human Resources Approval*

Approved_____**Not Approved**_____
*Upon Approval by University Central Office

c: IT, B&G, Campus Facilities, Purchasing

Instructions for Completing Reassignment Form

1.