# Reassignment Request Form

To be completed by the **requesting entity hiring manager**

|  |  |
| --- | --- |
| Requesting entity |  |
| Hiring manager name |  |
| Hiring manager position |  |
| Current duty station |  |
| New duty station |  |
| Effective date of reassignment: |  |
| Additional remarks (if any) |  |

**I confirm that I have discussed the reassignment with the UN Volunteer and they have agreed to the conditions of this reassignment.**

Signature Date