

Organization Letterhead

MEMORANDUM FOR (Insert Employee Name, Duty Title, Series), (Insert Section), (Insert Name of Organization)

SUBJECT: Realignment of Position

1. This memorandum serves as notice of (your position being realigned to or the realignment of your position from xxxxx to xxxxxx.) As a means to promote efficiency of the agency or (due to funding requirements, etc.), (insert reasons/justification for required change-MUST BE MISSION SPECIFIC.)
2. Effective (insert starting date), you are to report to (specific location within the hospital, room, bldg., etc., and specific individual supervisor, if known) and (if you have certain training instructions, please insert here.) Your tour of duty will be (insert hours.) Your new supervisor will be (insert appropriate information.)
3. If you feel this action is in any way improper or if you do not accept the realignment, you may initiate a (negotiated or administrative) grievance within fifteen (15) calendar days following the effective date of this action. If you exercise your right to grieve, your position will remain as is until a final decision is made. (LMER will insert appropriate instructions regarding the grievance procedures.)
4. If you have any questions regarding this change, you may call me at (XXX) XXX-XXXX.

Authorized Official signature block

Please acknowledge receipt of this memorandum by signing and dating the record copy provided.

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(Signature)

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(Date)