

Job Reassignment Authorization Letter

Date: [Insert Date]

To: [Employee's Name]

Position: [Current Position]

Department: [Current Department]

Dear [Employee's Name],

We are writing to inform you that effective [Insert Effective Date], you are being reassigned from your current position as [Current Position] in the [Current Department] to the position of [New Position] in the [New Department]. This decision has been made after careful consideration of your skills and the needs of the organization.

Your new duties will include [insert brief description of new responsibilities]. You will report directly to [New Supervisor's Name], starting from the effective date of this reassignment.

We believe that this new role will not only benefit the company but also provide you with opportunities for professional growth and development. Your salary will remain unchanged at this time, but we will review it in the future based on your new responsibilities and performance.

Please acknowledge your acceptance of this reassignment by signing and returning this letter by [Insert Deadline]. If you have any questions or concerns regarding this change, feel free to reach out to [Contact Person's Name and Position].

Thank you for your cooperation and continued dedication to our organization.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]