Request for Reassignment and Authorization for Release of Performance Information

I,	, an employee of South	ern Illinois		
University, Carbondale, hereby request that my name be placed on the reassignment register for the classification of I understand that reassignment is a				
privilege granted to status employees and the depends on the continuation of satisfactory	, -	-	ster	
I authorize prospective supervisors interview previous performance history at SIUC. Prosevaluations, letters of recommendation and relevant to my past job performance. This representative of the Human Resources states.	spective supervisors may review or reprimand, and other documents eview will be conducted at Humar	opies of my p in my employe	erformance ee record	
I understand that any information acquired a my suitability for employment with respect to	·		letermining	
I hereby release Southern Illinois University incurred as a result of providing and consider	•	ability which m	nay be	
A photocopy of this form will be valid as an contain an original writing of my signature.	original thereof, even though said	photocopy do	es not	
I have read and fully understand the content	s of the document.			
Signature	Date:	Date:		
	Please Print			
Name		AIS No.		
Address	City	State	Zip	
Department		Salary		
Date in Class	Business Phone	Home Phone		
Date Approved	Counselo	Counselor's Initials		