

[Company Name]
[Address]
[City, State, Zip Code]

[Date]

[Employee Name]
[Employee ID]
[Current Department]

Subject: Notification of Involuntary Role Reassignment

Dear [Employee Name],

This letter serves as formal notification that your current position as [Current Job Title] is being reassigned due to [Reason: e.g., organizational restructuring, business necessity, or departmental changes].

Effective [Effective Date], your new role will be [New Job Title] within the [New Department] department. In this new capacity, you will report directly to [Supervisor Name].

The details of your new assignment are as follows:

- **New Position Title:** [New Job Title]
- **Department:** [Department Name]
- **Location:** [Office Location/Remote]
- **Compensation:** [State if salary remains the same or specify new rate]
- **Work Schedule:** [Hours/Days]

Your primary responsibilities will now include [Briefly list 2-3 key duties]. A full job description for this role is attached to this letter for your review.

Please note that while your role and responsibilities are changing, your original hire date and accrued benefits will remain unaffected by this transition. [Optional: Mention any training or transition periods].

We understand that change can be challenging, and we are committed to supporting you during this transition. Please sign below to acknowledge receipt of this notification and return it to Human Resources by [Deadline Date].

If you have any questions regarding this reassignment, please contact [HR Contact Name] at [Phone Number/Email].

Sincerely,

[Manager Signature]
[Manager Name]
[Title]

Employee Acknowledgment:

I acknowledge that I have received this notification of reassignment and understand the terms outlined above.

Signature: _____ Date: _____