

[Current Date]

[Recipient Name or Department Name]

[Company Name]

[Office Address]

Subject: Internal Transfer Role Duties Verification - [Employee Full Name]

Dear [Recipient Name],

This letter is to formally verify the transfer of [Employee Full Name] from the position of [Former Job Title] to the position of [New Job Title] within the [Department Name] department, effective [Transfer Date].

In this new capacity, [Employee Name] is responsible for the following core duties and responsibilities:

- [Duty 1: Describe a primary responsibility]
- [Duty 2: Describe a primary responsibility]
- [Duty 3: Describe a primary responsibility]
- [Duty 4: Describe a primary responsibility]

This transfer was initiated to [Brief Reason for Transfer, e.g., support departmental growth/utilize specific skill sets]. [Employee Name] will report directly to [Supervisor Name], [Supervisor Title].

Should you require any further documentation or clarification regarding these changes, please contact the undersigned.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Job Title]

[Your Contact Information]