**Return of allocated duties concerning work environment or fire safety management**

DATE

Reg. no STYR

1/2

**From (recipient of duties)**

Name: Click here to insert text

Position: Click here to insert text

Unit: Click here to insert text

Date: Click here to insert date

I have been allocated duties within the above-mentioned organisational unit. It is my assessment that I am no longer able to ensure a satisfactory work environment and therefore I am returning the following duty:

Click here to insert text

*State the reason for returning this duty as well as a proposal for what needs to be provided so that the duty can be reassumed, e.g. additional knowledge, authority and/or resources.*

The delegator of the duty hereby reassumes responsibility for this duty. This return only applies to the above-mentioned duty; otherwise, the previously agreed allocation of duties applies.

In connection with the return of this duty, we will draw up an action plan to enable me to reassume responsibility for the returned duty as soon as possible.

**To (delegator of duties, manager) (signature)**

Name: Click here to insert text

Position: Click here to insert text

Unit: Click here to insert text

Date: Click here to insert date

**Delegator of duties, manager (signature) Recipient of duties (signature)**

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The signed document is to be registered in accordance with the University’s document registration plan. Each party is to retain their own copy.

Title of the matter for registration: *Return of allocated duties in systematic work environment management and systematic fire safety management at (faculty/department/equivalent) valid from (YYYY-MM-DD).*

Copies to:

Manager of the delegator of duties

Relevant work environment coordinators