UAB The University of Alabama at Birmingham

Secondary Assignment Qualifications Attestation

Employee Name

Blazer ID

Primary Assignment Position Title

Primary Assignment Department

Secondary Assignment Position Title

Secondary Assignment Department

Effective Date of Secondary Assignment

☐ I certify that I have reviewed the qualifications of the employee identified above and confirm that the employee possesses the minimum qualifications established for this Secondary Assignment, including required education, experience, licensure/certification (if applicable), and any other qualifications required to perform the duties of the position.

☐ I understand that this attestation is based on my review of the documented minimum qualifications for the Secondary Assignment and the employee's qualifications. I further certify that this attestation is made in accordance with UAB's Secondary Assignment Guidelines.

Reviewer/Supervisor Name

Reviewer/Supervisor Blazer ID

Signature

Date