STATE OF HAWAII

DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES

RISK MANAGEMENT OFFICE

NOTIFICATION OF RISK MANAGEMENT COORDINATOR

For Department:

|  |  |
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| prepared by | DATe |
|       |       |
| Phone number | Email |
|       |       |
|  | Risk Management coordinator Name | position title | telephone | email | Effective Date |
| Primary |       |       |       |       |       |
| Alternate (optional) |       |       |       |       |       |

Notes:

1. ANNUALLY EMAIL TO RMO AT DAGSRMO@HAWAII.GOV BY JULY 15TH and
2. NOTIFY RMO WITHIN 10 DAYS OF ANY CHANGES WITHIN THE FISCAL YEAR
3. ALTERNATE RMC IS NOT MANDATORY
4. ALL FIELDS ARE REQUIRED