STATE OF HAWAII

DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES

RISK MANAGEMENT OFFICE

NOTIFICATION OF RISK MANAGEMENT COORDINATOR

For Department:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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](mailto: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