



## STAFF REDUCTION-IN-FORCE REQUEST

A reduction-in-force (RIF) occurs when changing priorities, a reorganization, lack of work, budgetary constraints, or legislative actions for the position and a budgetary unit determines that the elimination of the function or position is necessary. When the need for a RIF occurs, the appropriate administrative official must determine the reductions in staff that will have the least detrimental effect on institutional operations. This form aides in the procedural steps that must be taken and must be approved BEFORE any RIF can be implemented.

Institution:			
Department Name:			
Date of Request:			
Name RIF Unit:			
Location of RIF Unit:			
Destates the satisfied as In			\.
	oe separated (attach additional na nformation for Proposed Elimina		cessary):
Number of			
Positions			
Anticipated			
Elimination Date:		Γ	
EMPLID of Employee(s) to	Name:	Position Number:	Position Title:
be Eliminated:			1 contion thec
REORGANIZATION  Redundancy in roles Redesign/assigned p Restructure/assigne Elimination of the p Consolidation of dut Reduction of organis  FUNDING State or federal func Grant or contract fu	ding expired, reduced, withdrawr Inding expired, reduced, withdrav Cut	unit(s) er position(s) within the sibilities no longer existing fewer positions n, or not renewed	
Loss of other fundin	(Describe Source of Funds)		
<b>О</b> тнек  (Please explain in d	, ,		

## **Reduction Plan Factors**

1.	Reasons supporting a reduction:	
2.	Function(s) to be altered/eliminated:	
3.	Essential functions and qualifications of the remaining position(s), if appropriate:	
4.	Selection criteria for positions selected for reduction (to include the need of the department for certain functions and an employee's specific skills, abilities, documented performance, seniority, and qualifications to fulfill those functions):	
5.	Functions affected by the reduction and how functions will be eliminated, combined or altered:	
Attac	ch a current Organizational Chart ch a future Organizational Chart ls (MUST have <u>all</u> signatures prior to commun	cating with impacted employees)
Depart	ment Head:	Date:
Chief H	uman Resources Officer:	Date:
Office o	of General Counsel:	Date:
Vice Ch	ancellor/Vice President:	Date:
Chance	llor/President:	Date: