



UNT SYSTEM™

Human Resources



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 aids 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:	

Position identified to be separated (attach additional names/positions if necessary):

Position/Employee information for Proposed Elimination			
Number of Positions			
Anticipated Elimination Date:			
EMPLID of Employee(s) to be Eliminated:	Name:	Position Number:	Position Title:

Reason for Reduction in Force (Please select one of the following):

REORGANIZATION

- Redundancy in roles/duplication of work
- Redesign/assigned program responsibilities to other unit(s)
- Restructure/assigned program responsibilities to other position(s) within the unit
- Elimination of the program/work/duties and responsibilities no longer exists
- Consolidation of duties and responsibilities requiring fewer positions
- Reduction of organizational layers

FUNDING

- State or federal funding expired, reduced, withdrawn, or not renewed
- Grant or contract funding expired, reduced, withdrawn, or not renewed
- Institutional budget cut
- Loss of other funding _____

(DESCRIBE SOURCE OF FUNDS)

OTHER

- (Please explain in detail)

Reduction Plan Factors

Supporting information required per Reduction-in-Force Policy: attach additional info if needed.

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:	

Attach a current Organizational Chart

Attach a future Organizational Chart

Approvals (MUST have all signatures prior to communicating with impacted employees)

Department Head:	Date:
Chief Human Resources Officer:	Date:
Office of General Counsel:	Date:
Vice Chancellor/Vice President:	Date:
Chancellor/President:	Date: