INTENT TO LAYOFF OR INVOLUNTARY REDUCTION IN TIME

It is proposed that the individual named below be laid off or reduced in time for the following reasons:

_____Lack of Work _____Lack of Funds _____ Programmatic Change

NAME_____ TITLE & STEP _____

HIRE DATE _____ END DATE _____MONTHS OF SERVICE _____

DEPARTMENT_____

FUNDING SOURCE: Account Name(s) & Account Number(s) _____

_____

EFFECTIVE DATE_____ REASON(S) _____

_____

_____

For all other appointees in the unit who hold appointments in the same title and title series, list order of layoff.(or attach listing with explanation of skills required for position)

Name_____ Rank_____

Step_____ Months of Service_____

Reason not selected for layoff: _____

_____

(Use additional pages to complete this section. Include names of others who hold appointment in the same title and title series and explanation of order of layoff).

I am requesting approval for the layoff based on the above information:
Note: Layoff Letter cannot be given to employee until approval from Vice Provost is received.

_____ _____
Supervisor/Unit Head/PI Date

_____ _____
Department Chair Date

APPROVED:

_____ _____
Dean Date

REVIEWED:

_____ _____
Diane K. O'Dowd Date
Vice Provost

Attachment: Draft of Layoff Letter
Attachment: List showing others in unit with same title and ranked by seniority.