



REDUCTION IN FORCE REQUEST FORM

This form must be completed by the department head (or designee) for approval of a proposed reduction in force. This request form must be approved BEFORE any reduction in force can be implemented.

Please attach a current organizational chart.

| To be completed by the DEPARTMENT HEAD (OR DESIGNEE) : | |
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| Department: | Division/VP Area: |
| Department Head (or designee): | Campus Phone: |
| Reason for reduction in force: | |
| Anticipated date of separation: | Anticipated number of reduced employees: |
| Name(s) of employee(s) to be separated and justification for decision: (Attach additional pages if necessary) | Race _____ Gender _____ Age _____ Disability _____ Veteran _____ |
| Are there any vacant positions in the department which are the same or closely related: Yes _____ No _____ If yes, please list: | |
| What is the status of recruitment of vacant positions? | |
| What efforts within the department have been made to avoid the reduction in force of the employee(s)? | |
| Please provide a brief explanation why action other than a reduction in force is not possible. | |
| APPROVALS (must have all signatures): | |
| Dean/VP: | Date: |
| AVP Opportunity Development: | Date: |
| Provost: | Date: |