

Request for Reduction in Work Force/Reorganization Form

Reorganization requested by _____ (Administrator or above)

Date: _____

Reason(s) for reorganization:

- Restructuring
 Change of strategy
 Process improvement
 Utilization of available resources
 Lack of position relevance in relation to goals
 Work shortage
 Loss of funding
 Outsourcing
 Budget reduction
 Other _____

Attach a summary that identifies the affected employee(s) and explains the justification for enacting a position elimination or reduction due to reorganization. The summary must include the following:

1. Requested action (position elimination, FTE reduction, position replacement—requires separate HR approval)
2. Proposed date of action and proposed date of notification to employee
3. Summarized explanation and justification for making the decision to eliminate or reduce a position
4. Explanation as to why the identified employee was selected
5. Explanation as to how the work will be reassigned
6. Reasoning why action other than position elimination or reduction is not possible
7. Attach org charts—pre and post reorganization

Approvals:

Administrator (2nd Report to VP) Date

Director/Dean/Asst. VP (1st report to VP If applicable) Date

Human Resources (Required) Date

Vice President/Provost (Required) Date

Upon completion, return this form to the Human Resources Office.