



Layoff Worksheet

Department/Layoff Unit:	Date:
Employee Name:	Employee ID
Classification:	Position Number:
Current Budgeted FTE:	Current FTE (percentage of time):

Policy-Covered Represented Collective Bargaining Unit:

Type of Layoff

Indefinite Layoff Effective Date: _____ Proposed Employee Notice Date: _____

Temporary Layoff Effective From: _____ To _____ Proposed Employee Notice Date: _____

Indefinite Reduction in Time Effective Date: _____ Proposed Employee Notice Date: _____

New Budgeted FTE: _____ New FTE (Percentage of Time): _____

Designation of Appointment to Partial Year Career (Short Work Break) Number of Months: ____ Specify Months: _____

Reason for Layoff:

Lack of Funds Lack of Work Reorganization

Explanation: *(i.e., why funding lost, why there is a lack of work, reasons for reorganization)*

Layoff Justification (for Non-Represented Employees):

To determine the order of layoff the Layoff Justification Template must be included. The template documents the information required to determine the order of layoff: performance appraisals, relevant Skills, Knowledge and Abilities, discipline records and seniority.

Layoff Justification Template attached

Disposition of Work:

Identify what work is being eliminated and what work will be performed by other employees. Attach organizational charts reflecting the department structure before and after the layoff.

Are there any limited or casual restricted employees/positions to be retained due to operational necessity?

Yes No If Yes, provide a statement of justification. _____

Seniority calculation - Full-time equivalent months (or hours) of University service: _____

Is employee least senior in the classification noted above? Yes No

If No, provide a statement of justification and list all employees in the unit in the same classification with more seniority. _____

Recall Eligibility: Yes No Number of years on Recall: _____

Preferential Rehire Eligibility: Yes No Number of years on Preferential Rehire: _____

Severance Pay Eligibility: Yes No Number of weeks of Severance: _____

Reviewed by: _____ Date _____

Unit Head or Designee Signature (if appropriate): _____ Date _____

Principal Officer or Designee Signature (if appropriate): _____ Date _____