

Request to Lay Off Classified Staff
Policy Implementing FSH 3930, FSH 3900

Complete items 1-3, sign, date and send or deliver to Employment Services, mailstop 4332, at least four weeks prior to intended date of position elimination. Forms may be sent by email to employment@uidaho.edu.

1. Attach a copy of the approved plan for reduction of employees in the unit.
2. Identify the classified position that is to be **eliminated**. (Use a separate request form for each classification affected by the plan.)

OR

Identify the classified position that is to be **reduced**. _____

If the position is to be reduced, what percentage of the position will remain? _____

3. Desired effective date of anticipated layoff: _____

Signature of Unit Administrator

Date

Print: Name Unit Administrator, phone number

Email address

(For HR Use Only)

Human Resource Services will:

- Identify employees within the unit that fall under the classification to be eliminated or reduced.
- Assign retention points to all unit employees in that classification and determine the order in which employees are to be laid off.
- Prepare formal layoff notification letters and return them to the unit administrator with this form.

Name of employee to be laid off: _____

Category: _____ Retention Points: _____ Effective Date of Layoff: _____

Department: _____ Unit: _____

Human Resources

Date

Attachment (Letter to employee)