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 reduct	ion of employees in the unit.	
2. Identify the classified affected by the plan.)	l position that is to be eli	minated. (Use a separate request form for each classifi	ication
		OR	
Identify the classified po	osition that is to be reduc	ced	
If the position is to be re	educed, what percentage	of the position will remain?	
3. Desired effective date	e of anticipated layoff: _		
Signature of Unit Administra	itor	Date	
Print: Name Unit Administra	ator, phone number	Email address	
(For HR Use Only) Human Resource Services with a literative employees Assign retention point off. Prepare formal layor	ill: within the unit that fall under ints to all unit employees in the	the classification to be eliminated or reduced. nat classification and determine the order in which employees are rn them to the unit administrator with this form.	to be laid
Name of employee to be laid	off:		
Category:	Retention Points:	Effective Date of Layoff:	
Department:		Unit:	
Human Resources		Date	
Attachment (Letter to employ	yee)		