

Request to Layoff Classified Staff

Complete items 1-3, sign, date and send or deliver to Brandi Terwilliger, Director of Human Resources, mailstop 4332, at least four weeks prior to intended date of position elimination. Forms may be sent electronically to brandit@uidaho.edu.

STEP 1 – To be completed by department/unit and submitted to HR

Develop a plan for reduction of positions and send to the Provost or appropriate Vice President. Identify any positions to be excluded from the reduction plan. Please attach a copy of the approved plan for reduction of positions in the unit. You must use a separate form for each classification affected by the plan.

Please identify the classified position (PCN) that is to be eliminated .	
PCN	Position Title

OR

Please identify the classified position (PCN) that is to be reduced .		
PCN	Position Title	% of position to remain

Desired effective date of anticipated layoff or reduction: _____

Signature of Department Authority

Date

Signature of Unit Administrator

Date

Contact information for person HR will work with regarding this Layoff/Reduction request:

Printed Name of Department/Unit Contact: _____

Phone Number of Contact: _____ Email: _____

***Submit form and layoff plan to HR for review. HR will identify employees within the unit that fall under the classification criteria to be eliminated or reduced, assign retention points and determine the order in which employees are to be laid off. The information will be returned to the department/unit for review and confirmation prior to continuation with the formal process. Unit administrator must confirm in writing the intent to continue with the plan as submitted to continue with the process.*

STEP 2 – To be completed by HR and returned to department/unit for review and confirmation

Name of Employee to be laid off			
Category		Retention Points	
Effective Date of Layoff			
Department		Unit	
HR Signature		Date	

STEP 3 – Confirmation from unit administrator

Directions to Unit Administrator: Please review the information provided by HR in step 2 regarding the employee affected and provide confirmation to continue with the layoff/reduction plan as submitted. Upon receipt of confirmation, HR will proceed with the internal process which includes creating the notification letters as well as President review and approval. NOTICE MUST BE DELIVERED AT LEAST 2 WEEKS (14 CALENDAR DAYS) BEFORE THE EFFECTIVE DATE OF THE LAYOFF.

Confirmation to continue with Layoff/Reduction of position: _____ Yes _____ No

Unit Administrator Signature: _____ Date: _____

Name of person who will deliver notice to employee:	Phone Number:	Email: