

Departmental Reduction in Force Checklist

Name of employee affected _____

Job title of employee affected _____

Social security number _____ DOB _____

Race _____ Sex _____ Employment date _____

Reason for Reduction (check one):

1. Entire function or service is being eliminated:

_____ Service or function is no longer needed

_____ Service is not essential to the overall needs of the University, students, faculty, or staff

_____ Service is not essential to the overall mission of the department/division

_____ Service or function is duplicated elsewhere

_____ Service or function is being outsourced to save money

_____ 2. The function performed by this individual could be funded from non-state revenue sources.

_____ 3. There are several individuals with this job title performing similar functions within the department and this individual with the lowest performance appraisal rating is being eliminated.

_____ 4. To achieve cost savings and increased staffing flexibility, student assistant or temporary help will be utilized.

_____ 5. Other. Please be specific:
