

Layoff Justification Form

This Layoff Justification Form should be completed and sent to Employee/Labor Relations for approval **prior** to notifying the employee.

PLEASE PRINT

Employee Name: _____ SSN: _____ Today's Date: _____

Department: _____

Department No: _____ Job Code: _____

Position Title _____ Date of Hire: _____

Sex: Female Male Race: _____ Layoff's Age: _____

Layoff Date: _____ Reason for layoff: *(Attach additional documentation)* _____

Adverse Impact Analysis:

Please list any active Employee/Labor Relations issues and/or other issues that you are aware of related to this employee (e.g. corrective actions, grievances, worker's compensation claims, FMLA, Performance Improvement Plan, EEOC/IDHR, etc.):

1. _____
2. _____
3. _____
4. _____

Are there other employees not affected by layoff in the same classification? Yes

If yes, list by name, age, sex, race and date of hire (DOH)

Name	Age	Sex	Race	Date of Hire

Layoff Justification Form

This Layoff Justification Form should be completed and sent to Employee/Labor Relations for approval **prior** to notifying the employee.

Please describe, in detail, how the work and duties currently performed by the affected employee will be accomplished when the employee is laid off.

If the layoff is due to a lack of grant/contract funding, please provide the following:

1. What is the project/grant award end date from which this employee's salary is derived?

2. Are there other sources available to cover this employee's salary beyond twelve (12) months?

3. Does the faculty have any pending awards that would provide additional funds for salaries and expenses?

4. Are there any vacant positions within your department this employee would qualify for?

Department HR Admin: _____

Email Address: _____

Phone: _____