

Layoff Justification Form

*This Layoff Justification Form must be completed and sent to your Campus Human Resource Services [contact](#) for review **prior** to employee notification.*

SECTION A: POSITION INFORMATION: *Provide information for job title/job code identified for elimination.*

Job Code:		Title:	
College/ School/ Division:		Department:	

Reason to Eliminate Position/Describe the position's responsibilities/ How Will Work Be Redistributed:
(Attach additional documentation, if needed)

SECTION B: EMPLOYEE INFORMATION: *If more than one individual is identified for layoff in the department, submit a separate form for each employee. Submit all the forms in one packet if there are multiple layoffs in the same department.*

Employee Name:		Empl ID:	
Benefit Eligibility Date:		Dept. Entry Date:	
Proposed Last Day Worked:		Effective Date of Layoff:	

Please list any employee relations issues that you are aware of related to this employee (e.g. discrimination complaints, grievances, worker's compensation claims, FMLA, progressive discipline, performance coaching, etc.):

1.	
2.	
3.	
4.	

Is person selected for layoff: Least senior? Yes No Only incumbent in title? Yes No

If no, list all benefit eligible employees in the same title and provide the following:

Name/Empl ID	Reason not selected for layoff

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If person selected for layoff is not the least senior, please describe justification for identifying this individual for layoff:

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SECTION C: SIGNATURES (Signatures via email would be acceptable)

Manager's Name:			
Signature:		Date:	

Dean/Administrative Head(or designee) Name:			
Signature:		Date:	

HUMAN RESOURCES SERVICES (MU) REVIEW:

Name:			
Signature:		Date:	

HUMAN RESOURCE SERVICES (MU) USE ONLY:

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