Reduction in Time or Layoff Proposal  
for Non-Represented Staff

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| Instructions | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete the form and forward it along with a draft “Notice of Layoff’ or “Notice of Reduction in Time” as follows:   1. Department to Organizational Unit Central Office 2. Organizational Unit to Employee & Labor Relations (ELR) 3. ELR to Equal Employment Opportunity/Affirmative Action (EEO/AA), if required 4. EEO/AA to ELR 5. ELR to Department (with copy to Organizational Unit) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Department/Layoff Unit: | | | | |  | | | | | | | | | | | | | | | Date: | | | | |  | | | |
| Employee Name: | | |  | | | | | | | | | | | Employee ID: | |  | | | | | | Job Code: | | | |  | | |
| Payroll Title: | |  | | | | | | | Bargaining Unit: | | | | | |  | | | | Current FTE *(Appt. %)*: | | | | | | |  | |
| Most Recent Date of Hire: | | | | | | |  | | | | Seniority Points through effective date of action: | | | | | | | | | | | | |  | | | |
| Prior service at another UC location ***immediately*** prior to employment at UCR? | | | | | | | | | | | | | | | | | Yes: | | | | Campus: | | | |  | | No: |
| Type of Layoff | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indefinite Layoff | | | | Temporary Layoff | | | | | | Indefinite Reduction in Time | | | | | | | | | Temporary Reduction in Time | | | | | | | | |
| If Reduction in Time, new FTE (percentage of time): | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | |
| Effective Date of Action *(MM/DD/YY)*: | | | | | | | |  | | | | | Approval Needed by *(MM/DD/YY)*: | | | | | | | | | |  | | | | | |
| Reason for Layoff | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lack of Funds | | | | Lack of Work | | | | | | Organizational Change | | | | | | | | | Other | | | | | | | | |
| Explanation: (i.e., why funding was lost; why there is a lack of work; reasons for reorganization, attach any additional information) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Layoff Selection | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Method for determining order of layoff/reduction in time. Please check all that apply. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Relevant Skills | | | | | If so, please attach position description outlining the required skills, knowledge and abilities (SKAs), and a memo outlining how retention of less senior employee(s) preserves critical SKAs, and how these skills are necessary to the ongoing function of the department/division. | | | | | | | | | | | | | | | | | | | | | |
|  | Documented Performance | | | | | Attach copies of the two most recent performance evaluations and any disciplinary records contained in the personnel file for the employee being laid off and all other employees in the same classification with less seniority. | | | | | | | | | | | | | | | | | | | | | |
|  | Seniority | | | | | If so, please attach a list of all employees in the classification and their seniority points projected through the effective date of the proposed action. | | | | | | | | | | | | | | | | | | | | | |
|  | More senior employee requested layoff | | | | | If so, attach the request from the senior employee. | | | | | | | | | | | | | | | | | | | | | |
| Will limited or causal-restricted (student) employee(s) be retained due to operational necessity?  Yes  No  If yes, provide justification for retention of limited and/or causal-restricted employees. Attach additional sheets, if needed. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Disposition of Work | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Identify what work is being eliminated and what work will be performed by other employees. Include a description of the duties and a % FTE to be reassigned, and the title and bargaining unit of position(s) assuming the duties. (attach additional sheets, i.e., organizational charts reflecting the department structure before and after the layoff, if necessary) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Current Salary ($): |  | Full Severance Amount, if applicable ($): |  |