**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title (series, rank, and step):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Months of full time equivalent academic service:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Visa status:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed action:**

Involuntary reduction in time (From \_\_\_\_\_% to \_\_\_\_\_%)

Layoff

**Effective date of proposed action:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason(s):**

Change in programmatic need in the lab/hiring unit

Lack of work

Lack of appropriate funding

**For an involuntary reduction in time, describe how the work will be adjusted and indicate how the adjustment is being communicated to the Academic Researcher:**

**Describe the specific reasons for the proposed action:** (e.g.,change in programmatic need in the lab/hiring unit, lack of work or lack of appropriate funding. If the reason is lack of appropriate funding, the funding source(s) must be stated and supporting documentation must be attached.)

**List appointees in the layoff unit at the same series as the selected appointee**: *(Attach additional pages, if necessary)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Title, Rank and Step | Months of full time Academic Service | Reason not selected (e.g., possesses special skills, knowledge and/or abilities essential to the department, or if same, level of seniority) |
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**Appointee’s notification of layoff or involuntary reduction in time:**

Attach a draft of the written notification of layoff or involuntary reduction in time.

**Departmental Certifications:**

I certify that the information provided in support of the proposed action is correct:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator Date

I have reviewed this proposal and support the proposed action:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair/Director Date

**Final Approval:**

Associate Vice Chancellor for Academic Personnel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommendation:  Approve  Disapprove Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_