**PROCEDURES FOR REQUESTING A LAYOFF**

**Department/Hiring Manager’s Responsibilities:**

1. Validate this is an appropriate request for layoff based on the following criteria:

* Reorganization
* Budgetary Constraints
* Lack of Work
* Grant Loss/Expiration
* Reduction in % of Time

1. Complete REQUEST FOR LAYOFF FORM. Submit to Employee & Labor Relations, Assistant Director at [HRELR@umaryland.edu](mailto:HRELR@umaryland.edu).

* 1. In the request, please outline the reason, total number of employees impacted and title(s) affected.
  2. Employee & Labor Relations, Assistant Director, will validate names and layoff data collection for affected employees.

**Human Resources Responsibilities:**

1. Coordinate review and approval of layoff information with HR Executive Director, Staffing, Legal Counsel and Compensation Manager (if re-organization).
2. Employee & Labor Relations Asst. Dir. prepares letter to the President’s Designee.
3. Upon approval from the President’s Designee, Employee & Labor Relations Asst. Dir. meets with Manager requesting the layoff (if needed).
4. Employees are notified with all categories receiving a minimum of a 90 calendar day notice period.

**Request for Layoff**

**Please complete and submit this form electronically to Employee & Labor Relations at:** [**HRELR@umaryland.edu**](mailto:HRELR@umaryland.edu)**. A copy of this layoff request should also be sent to the Dean's Office for reference. Upon receipt of this request, a representative from Human Resource Services may contact you for additional information and to clarify next steps. A detailed analysis will be performed which may include the calculation of seniority points for non-exempt requests. For further information please call (410) 706-7302.**

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| --- | --- | --- | --- |
| **General Information** | | | |
| **School/Dept.:** |  | **Title:** |  |
| **Layoff Reason:** |  | **Funding Source:** |  |
| **FTE%:** |  | **Date Submitted:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee Information** | | | | | | | |
| **Name of Affected Employee:** | |  | | **Exempt or Non-Exempt:** | |  | |
| **Employee ID:** | |  | | **Current Salary:** | |  | |
| **Original UMB Date of Hire:** | |  | | **Department Date of Hire:** | |  | |
| **Home Address:** | |  | | | | | |
| **Race:** | |  | **Gender:** | |  | | |
| **Date of Birth:** | |  | **Over 40?** | | **Yes:** | | **No:** |
| **Disabilities:** | |  | | | | | |
| **Last PDP Rating:** | |  | | | | | |
| **On a Visa?** | **Yes:** | **No:** | **If Yes, Type?** | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Layoff Information** | | | |
| **Proposed Layoff Effective Date:** | |  | |
| **Explanation for the Layoff:** | |  | |
| **Name of Requester:** | |  | |
| **Requester Title:** | |  | |
| **Date Funding is to end:** | |  | |
| **For layoffs related to funding, list all faculty and staff with their % of FTE on the same funding source** | | **Additional space is available on page 2** | |
| **Will all faculty and staff on the funding source be laid off?** | | **Yes:** | **No:** |
| **If “No”, please explain:** |  | | |
| **Has there been any recent salary action for people on the Funding Source? i.e., salary increases** | |  | |
| **How is the laid off employee’s work going to be absorbed?** | |  | |
| **Was the employee notified that the position was funded on a grant or contract?** | |  | |

**Faculty and Staff on the same funding source:**

**Signature:**

**Phone: Fax: Email:**

**Signature of Department Administrator: Date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FOR HR USE ONLY:** | | | | |
| **If the affected employee is Non-Exempt, are they in a Bargaining Unit?** | | **Yes:** | | **No:** |
| **If Employee can displace, list the employee(s) that would be affected:** | |  | | |
| **Is/are the displaced employee(s) in the Bargaining Unit?** | **Yes:** | | **No:** | |
| **Previous Employment in the System:** |  | | | |
| **Eligible to Retire?** |  | | | |
| **Which Retirement System are they in:** | |  | | |
| **Are they in the State Retirement System or is it the Old or New?** | |  | | |
| **Did they switch Retirement Systems at any time?** | |  | | |