**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.

* 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****. 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:** |  |

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| **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?**  |  |

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| **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:**

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| **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?** |  |