JORDAN Human Resources

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April Gaydosh, Administrator, Human Resources

REDUCTION IN FORCE(RIF): ESP EMPLOYEE REQUEST FORM

In the event of declining enrollment, the discontinuance or substantial reduction of a particular service or program, the shortage of anticipated revenue, school consolidation, or other unforeseen circumstances, it may be necessary to initiate a Reduction in Force (DP349 NEG). Principal/Director completes one form for each RIF requested. HR will notify you of approval/denial; if approved, the principal/director will notify the employee.

NOTIFICATION TIMELINE

II.A.2 Under normal circumstances, staff members who are to be affected by a reduction in force shall receive at least thirty (30) days notice.

STEP 1 — REASON(S) FOR RIF REQUEST (check all that apply)

☐ Declining enrollment ☐ Loss/Reduction of program/service ☐ Shortage of anticipated revenue
☐ School consolidation ☐ Other unforeseen circumstances

Describe reason _____

STEP 2 — EMPLOYEE INFORMATION

Employee Name _____ **School/Department** _____

Job Title	FTE	# Employees in Same Title

STEP 3 — EMPLOYEE STANDING

Would you rehire? ☐ Yes ☐ No

If no, explain why:

Current disciplinary issues? ☐ Yes ☐ No

If yes, describe:

STEP 4 — SUPPORTING DOCUMENTATION (attach the following)

☐ RIF Rubric (If there is more than one person in the same location and the same job title, a Rubric must be created to determine who will be selected.)

*II.A.1. If a RIF is necessary, seniority will **not** be used in employee RIF determinations; however, decisions may be within the discretion of the school district to consider the following:*

a. Program and staffing needs of the District
b. Employee performance evaluation (Jordan Education Support Professionals Evaluation System)

☐ Employee Evaluation(s) Results (current contract year or last available)
☐ Signed Written Warning(s)/Reprimand(s)

Clearly describe why this employee is recommended for a RIF over other similarly situated employees.

Administrator Signature _____ **Date Submitted** _____

ADMINISTRATOR OF SCHOOLS REVIEW (office use)

Date received by AOS _____
RIF Request ☐ Approved ☐ Denied
AOS Reason _____
AOS Signature _____ **Date** _____

HUMAN RESOURCES REVIEW (office use)

Date received by HR _____
RIF Request ☐ Approved ☐ Denied
HR Reason _____
HR Signature _____ **Date** _____