

## REDUCTION-IN-STAFF: LICENSED 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 RIS. (DP327 NEG)

#### Instructions:

Principal completes form for each RIS requested and submit to the Administrator of Schools by **February 27, 2026**. HR will notify you regarding the approval/denial of the request. If approved, the principal will then notify the licensed employee by **March 15, 2026**.

School/Department: _____		
Employee Name: _____		Employee FTE: _____
<b>License Information (Check all that apply)</b>		
<input type="checkbox"/> Professional <input type="checkbox"/> *Associate <input type="checkbox"/> * LEA Specific <small>*Should have one-year Temp Agreement. Not eligible for RIS</small>		<input type="checkbox"/> Elementary Ed K-8 <input type="checkbox"/> Secondary Ed <input type="checkbox"/> CTE <input type="checkbox"/> Early Childhood Ed <input type="checkbox"/> Special Education
Current Assignment(s) _____		Grade Level(s) _____
Additional Assignments & Duties (List & Define Roles)  _____ _____		
Would you rehire? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If no, explain why:  _____
Current Disciplinary Issues? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, describe:  _____
Reason(s) for RIS request: <input type="checkbox"/> Shortage of anticipated revenue <small>Describe Reason: _____</small>		<input type="checkbox"/> Declining enrollment <input type="checkbox"/> School consolidation <input type="checkbox"/> Loss/Reduction of program/service <input type="checkbox"/> Other unforeseen circumstances
Attach the following documentation supporting the RIS request: <input type="checkbox"/> RIS Rubric REQUIRED (Attach ALL Rubrics used to determine RIS) <input type="checkbox"/> Employee Evaluation(s) Results REQUIRED [JPAS] (Current contract year or last available) <input type="checkbox"/> Signed Written Warning(s)/Reprimand <input type="checkbox"/> Other: <u>SKYWARD LICENSURE REPORT OF ALL IMPACTED EDUCATORS</u>		
Clearly describe why this employee is recommended for a RIS.  _____		
Principal Signature: _____		Date Submitted to AOS: _____

**Submit form to Administrator of Schools by Tuesday, February 27, 2026. Due to HR by March 4, 2026**

Administrator of Schools Review:		_____
Date form Received by AOS: _____		
RIS Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied    Reason: _____		_____
Administrator of Schools Signature: _____		
Human Resource Review:		_____
Date form Received by HR: _____		
RIS Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied    Reason: _____		_____
HR Administrator Signature: _____		