

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: _____
License Information (Check all that apply)		
<input type="checkbox"/> Professional <small>*Should have one-year Temp Agreement. Not eligible for RIS</small>	<input type="checkbox"/> *Associate <input type="checkbox"/> * LEA Specific	<input type="checkbox"/> Elementary Ed K-8 <input type="checkbox"/> Secondary Ed <input type="checkbox"/> Early Childhood Ed <input type="checkbox"/> Special Education <input type="checkbox"/> CTE
Current Assignment(s) _____	Grade Level(s) _____	Additional Assignments & Duties (List & Define Roles) _____
Would you rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, explain why: _____ If yes, describe: _____
Current Disciplinary Issues? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason(s) for RIS request: <input type="checkbox"/> Shortage of anticipated revenue <input type="checkbox"/> Declining enrollment <input type="checkbox"/> Loss/Reduction of program/service <input type="checkbox"/> School consolidation <input type="checkbox"/> Other unforeseen circumstances		
Describe Reason: _____ 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: SKYWARD LICENSURE REPORT OF ALL IMPACTED EDUCATORS		
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: _____ Date: _____	
Human Resource Review:	
Date form Received by HR: _____	
RIS Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason: _____	
HR Administrator Signature: _____ Date: _____	