



Workforce Reduction Preliminary Information Form - University Employees

Manager completes the Workforce Reduction Preliminary Information Form to determine scope and potential employees affected and provides to HR Consultant for review/discussion.

General Information

Department:
Date of proposed changes:

Rationale and Scope of Workforce Reduction

Reason and Justification for Reduction (Reorganization, advances in technology, budget cuts, etc.):
List steps taken to prevent reduction. Is position reassignment or reduction in FTE a viable alternative to position elimination? If no, indicate why.
List department(s) Impacted:
List position(s) impacted:
If multiple positions are impacted, are the positions similar in duties and skill set required? Please explain.
Do you intend to solicit volunteer candidates for workforce reduction?

Employee Information – List Impacted Employees

Name of employee	Working title	Employee Type (C or UAP)	State role or Job Family	Years of continuous service at VCU	Are disciplinary actions on file?	Indicate performance evaluation rating for last three years.

Approval

Supervisor Name	Signature	Date
VP/Dean Name	Signature	Date
VCU HR Professional	Signature	Date

Comments:

* Please attach a current and proposed organizational chart for the impacted unit