**Workforce Reduction Preliminary Information Form**

Manager completes this form to identify the scope of the workforce reduction, positions and potential employees impacted. Once drafted, manager must consult with HR Professional and Organizational Effectiveness team. After consultation, all required approvals must be obtained via DocuSign prior to notification and implementation of a workforce reduction.

**General Information**

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| --- |
| **School/unit**: |
| **Date of proposed changes:** |

**Business Need for Workforce Reduction**

|  |
| --- |
| **Describe the business need and circumstances necessitating a workforce reduction:**  |
| **Describe the continuation of operations plan for remaining work (list any current or new positions that will take on remaining duties):**  |
| **List steps taken to prevent workforce reduction:** |
| **Is position reassignment or reduction in FTE a viable alternative to position elimination? If not, indicate why:**  |
| **List impacted work units:**  |
| **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**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee VID**  | **Name**  | **Working Title**  | **EE Type** | **State role or Job Family** | **Years of continuous service at VCU** | **Disciplinary actions on file?** | **Perf. eval ratings for past 3 years** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Required Approvals**

|  |  |  |
| --- | --- | --- |
| Manager Name | Signature | Date |
| VP/Dean Name | Signature  | Date |
| HR Professional | Signature | Date |
| VCU HR Director, OE  | Signature | Date  |

Comments:

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