

SECTION 1: INSTRUCTIONS

- Both pages of this form should be completed and submitted to the **Office of Human Resources, Organization and Human Resource Consulting**, 1590 North High St., when it has been determined that a reduction in work force is necessary for unclassified or classified civil service staff due to reasons of economy, lack of work, lack of funds or reorganization for efficiency.
- The Office of Human Resources will disseminate approvals of the requests to the appropriate college/administrative unit.
- After the request for abolishing **unclassified staff** has been approved by the Office of Human Resources, Organization and Human Resource Consulting, written notice must be given by the appropriate administrative authority to the staff member affected by the reduction in work force (refer to Policy 9.15). If the affected employee is eligible for severance (refer to Policy 2.40), he or she must be notified in writing of the applicable dates of the severance period, including time frames of the working notice period and the start of the severance pay period.

After the request for abolishing **classified civil service staff** has been approved by the Office of Human Resources, Organization and Human Resource Consulting will provide the appropriate college/administrative unit with written notice notifying the staff member affected by the reduction in work force of his or her rights. In addition, the office will provide a letter that will detail the option of severance.

Refer to Reduction in Work Force Policies 9.15 and 9.20, Severance Policy 2.40, and the Reduction in Work Force Manager Guide for further guidance and information.

SECTION 2

Please provide the following information concerning the staff member affected by the position abolishment:¹

Employee's Full Name: First _____ M.I. _____ Last _____ OSU Employee ID# _____

Position Title _____ Date of Birth _____

Sex	Race	Disabled	Veteran	Over 40
<input type="checkbox"/> Male	<input type="checkbox"/> Black	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Female	<input type="checkbox"/> American Indian	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Asian American			
	<input type="checkbox"/> Hispanic American			
	<input type="checkbox"/> White			

¹For internal reporting purposes only

SECTION 3

College or Office _____ Department# _____

Department Name _____ Phone _____

Department Contact Person _____ Phone _____

Prepared by _____ Title _____ Date _____

Return completed form to: Office of Human Resources, 1590 N. High St., Suite 300, or fax to 614-292-6199.

SECTION 4

Please provide the following information concerning the staff member affected by the position abolishment:

Employee's Full Name: First _____ M.I. _____ Last _____ OSU Employee ID# _____

Reduction in Work Force due to:

- Reasons of economy Lack of work Reorganization for efficiency Lack of funds

Position Title _____ FTE _____ Annual Salary _____

- Senior Administrative and Professional Professional and Technical Unclassified Professional Staff
 Bargaining Unit Member/Members Only Classified Civil Service Staff

Target Date of Reduction _____ Date of Appointment to Current Position _____

Target Notification Date _____ Years of Continuous Service _____

Position Funded by Fed/State Grant or Contract? _____ Total Years of University Service _____

Severance Eligible (for OHR use only) _____

SECTION 5

Reasons for Position Abolishment (Please provide specific reasons for the reduction in work force, including why the position is targeted for abolishment, how the duties of the position will be reassigned and why this particular position was selected):

Approvals:

Department Head _____ Title _____ Date _____

Dean/Vice President (or representative) _____ Title _____ Date _____

Office of Human Resources _____ Title _____ Date _____

Return completed form to: Office of Human Resources, 1590 N. High St., Suite 300, or fax to **614-292-6199**.