**RIF PLAN CHECKLIST**

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| **Agency / University Name:** | | | | |  | | | | | | | | | | | | |  | | **Position #:** | | | | |  | | |
| **Employee Name:** | |  | | | | | | | | | | | | | | | |  | | **Personnel #:** | | | | | |  | |
| *(If more than one Employee listing is needed- use attached form)* | | | | | | | | | | | |  | | | | | | | **Overall Rating:** | | | | | | | |  |
| **DOB:** | 1/1/2001 | | | | | |  | **Age at Date of Sep:** |  | | | |  | | **Race:** | |  | | | | |  | **Sex:** | |  | | |
| **Classification Title:** | | |  | | | | | | | | | | |  | | **Competency Level:** | | | | |  | | | | | | |
| **Appointment Type:** | | | | Choose an item. | | | | | |  | **Date of Written Notification of RIF:** | | | | | | | | | | | | | 1/1/2001 | | | |
| **Employee Type:** | | | | Choose an item. | | | | | |  | **Effective Date of Separation:** | | | | | | | | | | | | | 1/1/2001 | | | |
| **Funding Source of Position:** | | | | | | Choose an item. | | | | | |  | | | | | | | | | |  | | | | | |

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| **Employee eligible for RIF priority** | **IF UNIVERSITY – GA has pre-approved & confirmed Plan meets all policy requirements.** |

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| **BACKGROUND / JUSTIFCATION FOR REDUCTION-IN-FORCE** | | |
| **Reason for RIF:** |  | |
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| **Steps Taken to Avoid RIF:** | |  |
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| **Per policy, Agencies / Universities must consider the four factors below when determining Employees to be laid off. Please affirm that:**  **Type of Appointment** – No Temporary or probationary state employee as defined in G.S. 126-1.1 is being retained when an employee with a permanent appointment shall be separated in the same or related classification.  **Relative Efficiency –** Employeesto be retained do demonstrate the skills and knowledge required for the continuing work of the work unit or are able to attain those skills and knowledge within a reasonable period of time in accordance with the operational needs of the work unit. Selections must be consistent with the employee’s most recent annual performance review and employee competency assessment as well as other relevant documentation.  **Actual or Potential Adverse Impact on the Diversity of the Workforce –** There is not actual or potential adverse impact. In accordance with federal guidelines affecting equal employment opportunity, any application of the layoff policy must be reviewed by the affected department(s) and Human Resources to determine its impact on the workforce diversity within the work unit(s).  **Length of Service –** Length of service has been considered although may receive less weight in the determination. Eligible veterans must be accorded one year of state service for each year (or fraction thereof) of military service, up to a maximum of five years of credit. | | | | | |
| **Justification for Determination:** |  | | | | |
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| **Were other employees considered for the RIF?  Yes  No** | | |  | | |
| **If yes, why were these employees not eligible?** | |  | | | |
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| **Are vacancies in the same or similar classification available within Agency or University?  Yes  No** | | | |  | |
| **If yes, does employee qualify for vacancy or could be trained for vacancy within 3 months?  Yes  No** | | | | |  |
| **Please Explain:** | | | | | |

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| **OSHR COMMENTS AND REVIEW** | | |
| **OSHR Comments:** |  | |
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| **OSHR Consultant confirms all above conditions were reviewed and approved** | | |
| **Approved By:** | | **Date:** |

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| Employee Name | Personnel # | Position # | Overall Rating | DOB | Sex | Race | Age at date of Sep | Date of Sep | Date of Written Notification | Temp or Perm | ERHA/SHRA |
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