

REQUEST FOR RIF REPORT REVIEW

PART 1 TO BE COMPLETED BY EMPLOYEE

NAME _____ L Number _____

I request that the following items be reviewed:

___ RIF Unit Placement (list correct RIF unit and explain why):

___ Seniority (describe errors in your seniority total):

___ Certification (Check ADD or DELETE box for each change listed):

ADD	DELETE	Course/Activity Title	Course Number

Employee Signature _____ Date _____

PART 2 TO BE COMPLETED BY DEPARTMENT CHAIR

___ I have reviewed the certification changes requested above and agree. The Faculty Certification Form is attached. Human Resources will forward it to the appropriate Vice President for approval.

___ I have reviewed the certification changes requested above and disagree. The reasons are stated on attached page.

___ I have reviewed to recommendation for change in RIF unit and ___ Agree ___ Disagree

Comments:

Department Chair Signature _____ Date _____

PART 3 TO BE COMPLETED BY VICE PRESIDENT

___ I have reviewed the recommendation for change in RIF unit and ___ Agree ___ Disagree

Comments:

Vice President Signature _____ Date _____

PART 4 TO BE COMPLETED BY HUMAN RESOURCES

Seniority Revision: ___ Approved ___ Denied By _____

Corrected Seniority _____ Entered by _____ Date _____
Corrected RIF unit _____ Entered by _____ Date _____