|  |
| --- |
| Abolishment of Position Justification |
| for EPA Non Faculty |

|  |
| --- |
| This form must be completed and submitted to the Associate Provost for Budget and Personnel on all recommendations for termination of EPA Non-Faculty (Staff) due to Abolishment of Position. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Name of Employee: |       |       |       | 2. Position Number: |       |
|  | Last | First | Other |
|  |
| 3. Title: |       | 4. Salary: |       |
|  |
| 5. Boundaries: Unit/department name for AoP Comparative Analysis:  |       |
|  |
| 6. Reason for AoP (e.g. budget reduction, shortage of work, material change in duties of organization, abolishment of department): |
|       |
|  |
| 7. Justification for position selected for AoP (e.g. elimination of this position has the least impact on department function or duties can be shifted to other positions):  |
|       |
| **Consideration In Determining Person/Persons for Termination**  |
| 8. Comparative analysis of why this person was selected for AoP (Include years of service, performance review information, disciplinary actions): |
|       |
|  |
| 9. Analysis of the net budget savings:  |       |
| (Savings minus cost of termination) |
| **Signatures** |
|  |       |
| (Supervisor) | (Date) |
|  |       |
| (Department Head/Director)  | (Date) |
|  |       |
| (Vice Chancellor) |  |
|  |  |
| (Associate Provost)  | (Date) |
|  |       |
| (Chancellor’s approval) **To be obtained by Associate Provost only**  | (Date) |