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

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| 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. |

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| 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): | | | | | | | | | |
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| 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): | | | | | | | | | |
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| **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): | | | | | | | | | |
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| 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) | |