

**NON-SENATE ACADEMIC APPOINTEE  
LAYOFF OR INVOLUNTARY REDUCTION IN TIME PROPOSAL FORM**

**Name:** \_\_\_\_\_

**Title (series, rank, and step):** \_\_\_\_\_

**Months of full time equivalent academic service at UCSD:** \_\_\_\_\_

**Layoff unit:** \_\_\_\_\_

**Proposed action:**  INVOLUNTARY REDUCTION IN TIME (FROM \_\_\_\_\_% to \_\_\_\_\_ %)

LAYOFF IMMEDIATELY FOLLOWING NOTICE PERIOD

LAYOFF PRECEDED BY LEAVE WITHOUT PAY

LAYOFF PRECEDED BY INVOLUNTARY REDUCTION IN TIME (NON-SALARIED STATUS)

**Effective Date of proposed layoff:** \_\_\_\_\_

**Effective Date of proposed involuntary reduction in time:** \_\_\_\_\_

**Effective Date of proposed leave without pay:** \_\_\_\_\_

**Reason(s):**  Budgetary       Lack of Work       \*Programmatic Change

*\*When proposing a layoff or involuntary reduction in time for an appointee in the Acting Professor, Adjunct Professor, Professor of Practice or Health Sciences Clinical Professor series due to a programmatic change, documentation of the consultation with departmental faculty must be provided.*

**Describe consultation with departmental faculty (if applicable):**

**Describe the specific reasons for the proposed action:**

If the reason is budgetary, the funding source(s) must be stated, and supporting documentation must be attached; in all other cases documentation is encouraged.

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List appointees in the layoff unit at the same rank and in the same title or series as the selected appointee: (Attach additional pages, if necessary):

Name	Title, Rank and Step	Months of FTE Academic Service at UCSD	Reason not selected (e.g., more senior, possesses a special skills, knowledge and/or abilities essential to the department, etc.)

**Proposed alternatives to and/or postponement of layoff, if applicable:**

Leave of Absence without Pay\*  
(maximum period of 90 days)  
*\* Leave form must be attached*

Non-Salaried effective\*: \_\_\_\_\_  
(maximum period of 90 days)  
*\* Adequate notice of an involuntary reduction in time to non-salaried status is required. See Appendix A for a listing of notice requirements by title.*

**Efforts to find suitable employment:**

For non-Senate faculty, please provide information on departmental efforts to find suitable employment for the selected appointee; Documentation of efforts is required.

**Appointee's notification of layoff or involuntary reduction in time:**

Attach a draft of the written notification of layoff or involuntary reduction in time. The notice must include:

- The reason(s) for the proposed layoff or involuntary reduction in time
- The effective date of the proposed action (See PPM 230-7, Appendix A for a listing of notice requirements by title).
- The amount of reduction (i.e., specify whether action is a full layoff, or in the alternative, the proposed percentage of effort).
- Reference to PPM 230-7 and PPM 230-5
- Information on the distribution of earned vacation
- Information about who to contact with benefits questions
- Information about Layoff Status and Preferential Reemployment
- Reminder to appointee to keep layoff unit informed of current contact information
- Reminder to appointee to advise hiring department of layoff status when applying for vacant positions outside of the layoff unit
- Proof of Service

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**Departmental Certifications:**

I certify that the information provided in support of the proposed action is correct:

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

I have reviewed this proposal and support the proposed action:

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

**Campus Reviewer Recommendations:**

Reviewer Name: \_\_\_\_\_

Recommendation:

Title: \_\_\_\_\_

Approval    Disapproval

Date: \_\_\_\_\_

Reviewer Name: \_\_\_\_\_

Recommendation:

Title: \_\_\_\_\_

Approval    Disapproval

Date: \_\_\_\_\_

**Final Action:**

Approval Authority Name: \_\_\_\_\_

Title: \_\_\_\_\_

Approved

Disapproved

Date: \_\_\_\_\_