LAYOFF INFORMATION AND ASSESSMENT FORM

Please complete the following information and add comments as needed. Return the completed form to Illinois Human Resources, Employment Services, 52 East Gregory, MC-562. The layoff will not be processed until the completed form is returned.

Information about the layoff:

Employee Name: ________________________________
Classification: ________________________________
Length of time employee has been in unit: ________________________________
Effective date of layoff: ________________________________
Reason for layoff: ____________________________________________
__________________________________________________________________________
__________________________________________________________________________
How will duties be performed in the future? ________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Does the unit anticipate any reclassifications in the next three months?
__ Yes  __ No  If yes, please describe: ________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Does the unit have or anticipate any vacancies in this classification or in the promotional line?
__ Yes  __ No  If yes, please describe: ________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

__________________________________________________________________________
Information about the employee in this position

I. Please attach a current job description. Rate the employee’s performance for the first five tasks (most important duties) on the job description

List Task 1: ____________________________________________
Rate the employee’s performance
___ Poor ___ Below average ___ Average ___ Above average

List Task 2: ____________________________________________
Rate the employee’s performance
___ Poor ___ Below average ___ Average ___ Above average

List Task 3: ____________________________________________
Rate the employee’s performance
___ Poor ___ Below average ___ Average ___ Above average

List Task 4: ____________________________________________
Rate the employee’s performance
___ Poor ___ Below average ___ Average ___ Above average

List Task 5: ____________________________________________
Rate the employee’s performance
___ Poor ___ Below average ___ Average ___ Above average

Rate the overall quality of the employee’s work
___ Poor ___ Below average ___ Average ___ Above average
Comments: ____________________________________________
__________________________________________________________________________________________

II. Rate the employee on the following characteristics:

Attendance and punctuality:
___ Poor ___ Below average ___ Average ___ Above average

Cooperation with coworkers:
___ Poor ___ Below average ___ Average ___ Above average
Ability to work with supervisor:

___ Poor        ___ Below average        ___ Average        ___ Above average

Ability to work with students, faculty, staff and/or the public:

___ Poor        ___ Below average        ___ Average        ___ Above average

Comments: __________________________________________________________

____________________________________________________________________

III. Has the employee:

___ Received merit increases Comments: __________________________

___ Received letters of commendation or appreciation

___ Received disciplinary action (include oral and written warnings, letters of explanation, suspensions, etc.)

Benefit balances for the employee are as follows:

IV. Sick Leave: ____________ hours  Vacation: ____________ hours

Notice of Layoff

List any additional information that would be helpful in successfully placing this employee in another position: ____________________________

____________________________________________________________________

Is the employee aware of the proposed layoff?  ___ Yes  ___ No

Authorized Signature/Title

__________________________________________   _______________________

Unit Head Signature

__________________________________________   _______________________

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