

Campus Administrative Manual Policy Number HR-58 (Attachment I)

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: _____

Rate the overall quantity of work accomplished by the employee

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:

<input type="checkbox"/> Received merit increases	Comments: _____
<input type="checkbox"/> Received letters of commendation or appreciation	_____
<input type="checkbox"/> 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	Date
_____	_____
Unit Head Signature	Date