**LAYOFF INTAKE QUESTIONNAIRE**

**(Due to lack of funding or insufficient work)**

**If non-aligned (MPSC), SEBS-HR works with Allie Rose Pluskota**

**If aligned (URA-AFT/COLT/888), SEBS-HR works with Julie Cartegna/Chris Zigre**

 **Return this completed questionnaire to SEBS-HR**

-Department Name:

-Org ID:

-Employee Name:

-Employee ID:

-Job Title:

-Job Class Code:

-Union Affiliation (if applicable):

-Grade/Step (if applicable):

-Date of Hire:

-Provide the reason for lay-off: (**Provide document showing funding loss/reduction/expiration)**

-Attach current org chart:

-Attach current CARF:

-Are there employees within the dept with the same job title (Y/N):

If yes, provide the following for each employee:

* Employee Name:
* Employee ID:
* Date of Hire:
* Are the job duties and/or requirements comparable to the position being eliminated?
* Is this employee paid from the same account as the position being eliminated?