

Request to Abolish a Position

1. Upon notification of grant funds reduction, General Assembly mandate, reorganization or redistribution of duties (filled or vacant position); discuss with your Division of Public Health Business Officer and submit a completed Reduction-in-Force (RIF) Plan and Composition of Workforce Worksheet to the Human Resources Office. (See Attachment 1 & 2)
2. The Human Resources Office will review and submit the plan to the appropriate contact in the Budget Office of Public Health for approval of the plan
3. After the Budget Office has approved the plan, the Human Resources Office will submit the plan to the Human Resources Office at the Department of Health and Human Services for review/approval.
4. The Human Resources Office at the Department of Health and Human Services will provide written approval of the plan, at which time a 30 day written notice must be given by the appropriate administrative authority to the staff member affected by the reduction in work force if the position is filled.
5. Once the Division of Public Health's Human Resources Office has the written approval from the Department and have received written notification from salary control in the Public Health Budget Office, Human Resources will proceed with processing the abolishment of the impacted positions.
6. Human Resources will complete a spreadsheet with all of the approved positions (if filled, will have to wait until position has been vacated), and submit to Best Shared Services to complete the abolishment's.

* For further information, refer to the Reduction in Force Resources page: <http://www.oshr.nc.gov/Support/RIF/index.htm>

REDUCTION-IN-FORCE PLAN

(ATTACHMENT 1)

Reduction-in-Force (RIF) occurs when changing priorities, budgetary constraints, or legislative actions require the Department to abolish positions or to change duties so significantly that the employee no longer qualifies. When this occurs management must submit a plan to outline the course of action and its anticipated impact overall.

Division/Institution Name: Public Health	
Division/Institution "Acting" Director: Daniel Staley	
Human Resources Manager: Greg Chavez	
Cc: Section Chief Name Here	Cc:
Cc: Branch Head Name Here	Cc:
Cc:	Cc:
Date Plan Submitted:	Date approved by DHR (mm/dd/yyyy):
RIF Effective Date:	
Description or Name Layoff Unit: Section and Branch Here	
Location of Layoff Unit: Address of Unit Here	
# of Positions Proposed for Reduction: 1	# of Employees Proposed for Separation: 1

Reason for Reduction (Please select one of the following):

REORGANIZATION

- Duplication of work
- Assigned program responsibilities to other unit(s) and/or positions(s)
- Consolidation of duties and responsibilities requiring fewer positions
- Need for program and/or duties and responsibilities no longer exists
- Reduction of organizational layers
- Other (please specify): _____

FUNDING

- State and/or Federal funding expired, reduced, or withdrawn
- Grant funding expired, reduced, or withdrawn
- Contract not renewed
- Loss of receipt support

MANDATE (check all that apply)

- Mandated by Governor
- Mandated by the NC General Assembly

- Mandated by Congress
- Other mandate (please specify): _____

OTHER

- (Please explain in detail)

Reduction Plan Factors

Please provide a brief explanation about how each of the following factors were considered in the proposed reduction of positions for Public Health.

- Applicable Laws and Regulations** (that caused the RIF)
- Funding Sources and Budget Guidelines** (that led to the abolishment/reduction of positions)
- Potential Adverse Impact on Employees Protected Under State and Federal Equal Employment**

Opportunity Provisions (as a result of the reductions)

- Impact on Program Objectives** (due to the reduction of positions)
- Possible Redistribution of Staff and Other Resources** (due to eliminated positions)
- Composition of the Affected Work Force**
 - See Composition Worksheet
- Economy and Efficiency** (achieved due to the elimination of positions)

Identification of Layoff Unit

Please provide the rationale for selection of the layoff unit if it is different from the factors listed above.

The Layoff Unit is (check one):

- an entire division or institution
- an organizational unit within a division or institution
- a geographical or regional unit
- a program unit
- a single position

The factors used in separation decision (check all that apply):

- type of appointment (full-time, part-time, probationary, etc.)
- total length of State service
- relative efficiency (comparison of employees' performance evaluations and any documented disciplinary decisions)

**Composition of the Affected Workforce Worksheet
GS 126 Employees-Positions**

(ATTACHMENT 2)

Layoff Unit: Section and Branch -
Physical Location: 5505 Six Forks Rd., Raleigh, NC

Position/Employee Profile

Employee Name (If vacant, write "Vacant" and complete position info in lieu of "employee" info where applicable)	Employee's Job Classification or Career banded title	Position Number (use 8 digits)	Emp. Sal. Grade or Comp. Level Equivalent	Working Title of Classification or Career-banded position	Career Status (Yes or No)	Employee's Annual Salary (or Budgeted Salary if vacant)	Emp. prom <12 mos. From eff. Date of RIF? (Yes or No)	Employee salary which severance is based on?	Eligible Severance Amount
Jane Doe	Public Health Program Consultant I	600xxxx	70	Coordinator	Yes	38,632	No	38,632	
Total:						\$38,632			\$0

Employee Demographic/State Service Profile

Employee Name	Employee's BEACON Personnel Number	Employee's Appointment Type (FTP, PTP, Prob, FTT, PTT, etc.)	Ethnic Origin	Gender	Age	Total State Service (Yr & Mos)	Veteran's Service Credit toward Total State Svc (Years)	Eligible Discontinued Svc Retirement (Yes or No)	Placement within separating Div/Facility (Yes/No)	Employee's Most Recent Performance Rating
Jane Doe	123456	FTP		Female						Successful

Local or Division Budget Officer (Signature): _____ Date: _____