

PROCEDURES FOR REQUESTING A LAYOFF

Department/Hiring Manager's Responsibilities:

1. Reasons for layoff include the following:

- Reorganization
- Restructure
- Stoppage/Lack of Work
- Loss/Expiration of Grant or Contract
- Unanticipated Grant Loss/Termination of Funding
 - Expedited processing is available for unanticipated grant or contract terminations that will expire in less than 90 days
- Budgetary Constraints/Reduction or Termination of Funds
- Reduction in FTE (Percentage of Time)

Performance and conduct concerns are not valid reasons for requesting a layoff:

Exempt Staff: If a unit is requesting a layoff for clear and documented budgetary cuts or loss of funding, it is permissible to consider expertise, skill, performance, conduct, and history of discipline as some of the non-discriminatory factors for determining which employees in the unit will be subject to layoff.

Nonexempt Staff: For a layoff request that includes nonexempt staff who are subject to a Collective Bargaining Agreement, order of layoff, displacement rights, and notice requirements are governed by the terms of the applicable Agreement.

2. Complete Layoff Request Form. Submit to Human Resources - Employee & Labor Relations (ELR) at HRELR@umaryland.edu. When submitting a request due to "Unanticipated Grant Loss/Termination of Funding", include the following designation in the email subject line: **PRIORITY LAYOFF — UNANTICIPATED GRANT LOSS/TERMINATION OF FUNDING**

- To submit layoff requests for five (5) or more employees due to the same reason, please contact ELR for a spreadsheet version of the form.
 - i. For School of Medicine (SOM) layoff requests, submit the completed form and spreadsheet, if applicable, to the Executive Director of Human Resources, Jessica Bird, at

jbird@som.umaryland.edu for review and signature. SOM HR will submit to ELR.

- In the request, please outline the reason, total number of employees impacted, and title(s) affected.
- For layoff requests due to reorganization, include the current and proposed organization chart along with any job descriptions for newly created positions.
- ELR will validate names and layoff data collection for affected employee(s).

Human Resources Responsibilities:

1. ELR representative will coordinate the review and approval of layoff information with ELR Manager, ELR Director, and University Counsel.
2. ELR representative will prepare a letter to the President's Designee, AVP Human Resources for final approval.
3. Upon approval from the President's Designee, ELR representative will notify the requesting department and schedule a meeting to assist the department prepare for the layoff notification, if needed.

After receiving ELR authorization, the appropriate department representative shall provide the required amount of advance written notice of layoff to the affected employee(s).

- For most layoff requests, after authorization is given, units are required to provide at least ninety (90) calendar days advance written notice of layoff to the affected employee(s). For layoffs that are due to reduction or termination of funds, it may be permissible to provide notice of layoff for a period that is shorter than ninety (90) calendar days. See [VII-1.30\(A\) - UMB Policy/Guidelines/Procedures for Layoff](#), [VII-1.30 USM Policy on Layoff for Nonexempt Staff Employees](#), [VII-1.32 - USM Policy on Layoff and Recall of Regular Exempt Staff Employees](#), and the relevant bargaining unit [Memorandums of Understanding \(MOU\)](#) for employees represented by the American Federation of State County and Municipal Employees (AFSCME) or the Fraternal Order Police (FOP) for further details.

Request for Layoff

Please complete all fields and submit this form electronically to **Human Resources - Employee & Labor Relations** at: HRELR@umaryland.edu. Upon receipt of this request, a representative from ELR may contact you for additional information and to clarify next steps. A detailed analysis will be performed which may include the calculation of seniority points for nonexempt requests. For further information, please call (410) 706-7302.

General Information			
School/Dept:		Funding Source:	<input type="checkbox"/> Grant <input type="checkbox"/> State <input type="checkbox"/> Both Grant & State <input type="checkbox"/> Other: _____
Layoff Reason (select all that apply):	<input type="checkbox"/> Reorganization <input type="checkbox"/> Restructure <input type="checkbox"/> Stoppage/Lack of Work <input type="checkbox"/> Loss/Expiration of Grant or Contract <input type="checkbox"/> Unanticipated Grant Loss/Termination of Funding <input type="checkbox"/> Check here for urgent/priority processing of unanticipated grant or contract loss expiring in less than 90 days <input type="checkbox"/> Budgetary Constraints/Reduction or Termination of Funds <input type="checkbox"/> Reduction in FTE Percentage of Time		
Employee Information			
Name of Affected Employee:		Title of Employee:	
Employee ID:		Exempt or Nonexempt:	
FTE%:		Current Salary:	
Original UMB Hire Date:		Department Hire Date:	
Last PMP Rating:		On Visa:	<input type="checkbox"/> Yes, Type _____ <input type="checkbox"/> No
Home Address:			
Layoff Information			
Proposed Layoff Effective Date:		Name of Requestor:	
Date Funding is Ending:		Requestor Title:	
Explanation for Layoff:			
For layoffs related to funding, list all faculty and staff on the same funding course. Include their FTE % paid by the funding.			
Will all faculty and staff on the funding source be laid off?	<input type="checkbox"/> Yes <input type="checkbox"/> No		



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If "No", please explain:	
Has there been any recent salary action for people on the funding source? (e.g., salary increases)	
How will the laid off employee's work be absorbed?	
If the employee's position is grant funded, was the employee notified the position was funded by a grant or contract?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when: <input type="checkbox"/> NA

Requester Signature: _____ **Date:** _____

Phone: _____ **Email:** _____

Department Administrator Signature: _____ **Date:** _____

FOR SOM DEPARTMENTS ONLY:

Executive Dir. of Human Resources Signature: _____ **Date:** _____

FOR HR USE ONLY:

If the affected employee is Nonexempt, are they in a Bargaining Unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
If employee can displace, list the employee(s) that would be affected:			
Previous employment in the system:			
Eligible to retire?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which retirement system are they in?	