Human Resources

Request for Civil Service Position Elimination

This form must be submitted within the designated submission period for each position elimination cycle. Please see UIC HR Policy 1202, Position Elimination for more details regarding UIC Civil Service position elimination procedures.

To submit this form, please complete all spaces then SAVE AS name of form / Unit name / position elimination cycle (e.g. Position Elimination Request / Department of XXX / month, year). Print and sign this form then submit a scanned copy of this signed completed form, along with the Position Elimination Performance Disclosure Forms for each impacted employee, updated organizational charts, and budgetary / operational explanation via email to PERT@uic.edu. In the email subject line, please add Unit name and position elimination cycle (e.g. Department of XXX / month, year).

Department: _____ College: _____

Department contact: _____ Phone: _____

Request prepared by: _____

Title: _____ Submission Date: _____

Position Funded by 100% Federal/State Grant or Contract: ☐ Yes ☐ No

If no, please include all C-FOAP and FTE split: _____

Please indicate specific type of fund source of this position: _____Permanent state funds _____ICR funds _____Self-supporting fund_____ Other (please specify)

_____

Reasons for Position Elimination (please check all that apply):

- ☐ Reduction in the amount of work required
- ☐ Discontinuance of a particular kind of work
- ☐ Lack of available funds
- ☐ Lack of available space for the execution of work planned
- ☐ Interruptions caused by unfavorable weather, an emergency or catastrophic situation.

Please attach a before and after organizational chart and provide detailed budgetary and/or operational justification of the position elimination. Be sure to include why the position is being eliminated, how the duties of the position will be reassigned, and why this particular position was selected.

Does the Unit anticipate requesting any reclassifications or reallocations in the next twelve months?

☐ No ☐ Yes If yes, please describe: _____

_____

Does the Unit currently have or anticipate any vacancies in this classification or in the promotional line within the next twelve months?

☐ No ☐ Yes If yes, please describe: _____

_____

_____

_____

Please provide the following information about the staff member affected by the position elimination.

Employee name: _____
UIN #: _____
Classification title: _____
Specialty factor : ☐ No ☐ Yes
(Describe if applicable): _____
Is this a contract position? ☐ No ☐ Yes
(If yes, name of contract and location: _____
FTE: _____ Annual Salary: _____
Date of Appointment to Current Position**:** _____

Please provide the following information about the staff members' direct supervisors:

Name of direct Supervisor: _____
Date supervisory training completed: _____

Name of next level Manager: _____
Date supervisory training completed: _____

Approvals:

Unit Authorized Signature: _____ Date: _____

Please Print Name: _____ Email Address: _____

Dean/Vice Chancellor/Vice Provost: _____ Date: _____

Associate Vice Chancellor for Human Resources: _____Date: _____