REQUEST FOR RIF REPORT REVIEW

PART 1 TO BE COMPLETED BY EMPLOYEE						
NAME:				I Number	L Number:	
I request that the following items be reviewed:						
RIF Unit Placement (list correct RIF unit and explain why)						
Seniority (describe errors in your seniority total)						
Certification (Check ADD or DELETE box for each change listed):						
	ADD DELETE Course/Activity Title			•	Course Number	
Employee Signature: Date:						
Please attach additional page(s) for explanations.						
PART 2 TO BE COMPLETED BY DIVISION DEAN (if needed) A) I have reviewed the certification changes requested above and Agree Disagree. If you agree with employee's request to add/delete course certifications, you MUST complete a Faculty Certification Form and the employee and you must sign the Faculty Certification Form. The Faculty Certification Form is attached. If you disagree with employee's request to add/delete course certifications, a written explanation must be included A written explanation of disagreement is attached B) I have reviewed to recommendation for change in RIF unit and Agree Disagree A written explanation of agreement or disagreement is attached						
Division Dean Signature Date						
Please use additional page(s) for explanations.						
PART 3 TO BE COMPLETED BY EXECUTIVE DEAN_(if needed)						
☐ I have reviewed the recommendation for change in RIF unit and ☐ Agree ☐ Disagree						
Executive Dea	n Signature_			Date		
Please use additional page(s) for explanations.						
PART 4 TO BE COMPLETED BY HUMAN RESOURCES						
Seniority Revision: Approved Denied By: Date Date						
Explanation for denial is attached						
Corrected Seniority Date						
•			Entered by			