**REDUCTION IN FORCE PLAN**

**Merit-Covered Employees**

**Department:**

**Reason for Reduction in Force:**

(lack of funds, lack of work, or reorganization)

**Amount of savings from this Reduction in Force:**

**Total number of positions to be reduced:**

**Non-supervisory positions reduced (list number and job classification):**

**Supervisory positions reduced (list number and job classification):**

**Retention point cut-off date:**

**(Attach retention points for employees in each affected job class in the Reduction in Force unit and current Table of Organization with affected positions highlighted)**

**Current Span of Control:**

**Span of Control, if implemented:**

**Proposed effective date of Reduction in Force:**

**Reduction in Force unit:**

**Services affected by this Reduction in Force and plans to address these impacts:**

**Department Director Signature Date**

**☐ Approved ☐ Disapproved**

 **DAS-HRE COO Signature Date**

**☐ Approved ☐ Disapproved**

 **DAS Director Signature Date**

**☐ Approved ☐ Disapproved**

 **DOM Director Signature Date**

**☐ Approved ☐ Disapproved**

 **Governor’s Office Signature Date**