

## REQUEST FOR RIF REPORT REVIEW

### PART 1 TO BE COMPLETED BY EMPLOYEE

NAME: \_\_\_\_\_

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: \_\_\_\_\_

### PART 2 TO BE COMPLETED BY DEPARTMENT CHAIR

\_\_\_\_\_ I have reviewed the certification changes requested above and agree. The Faculty Certification Form is attached. Human Resources will forward it to the appropriate Vice President for approval.

\_\_\_\_\_ I have reviewed the certification changes requested above and disagree.  
The reasons are stated on attached page.

\_\_\_\_\_ I have reviewed to recommendation for change in RIF unit and \_\_\_\_\_ Agree \_\_\_\_\_ Disagree

Comments: \_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

### PART 3 TO BE COMPLETED BY VICE PRESIDENT

\_\_\_\_\_ I have reviewed the recommendation for change in RIF unit and \_\_\_\_\_ Agree \_\_\_\_\_ Disagree  
Comments: \_\_\_\_\_

Vice President Signature \_\_\_\_\_ Date \_\_\_\_\_

### PART 4 TO BE COMPLETED BY HUMAN RESOURCES

Seniority Revision: \_\_\_\_\_ Approved \_\_\_\_\_ Denied By; \_\_\_\_\_

Corrected Seniority \_\_\_\_\_ Entered by \_\_\_\_\_ Date \_\_\_\_\_  
Corrected RIF unit \_\_\_\_\_ Entered by \_\_\_\_\_ Date \_\_\_\_\_