

**Bainbridge College**  
**Departmental Reduction in**  
**Work Force Checklist**  
**(Submit with Workforce Reduction Justification)**

Department: \_\_\_\_\_

Name(s) of Affected Employee: \_\_\_\_\_

(Attach List of employees plus job titles if necessary. Demographic data shown in box below will be completed by HR.)

Job Title: \_\_\_\_\_

**To be completed by HR:**

Employee's Date of Birth: \_\_\_\_\_

Employee's Race: \_\_\_\_\_

Employee's Gender:  Male  Female

Employee's other protected category (please list type): \_\_\_\_\_

Employment Date: \_\_\_\_\_

Reason for Reduction (check one):

1. Entire function or service is being eliminated:  Service or function is no longer needed
2. The function performed by this individual could be funded from non-state revenue sources.
3. There are several individuals with this job title performing similar functions within the department and the position held by the individual with the lowest performance appraisal is being eliminated.
4. Other. Please be specific: \_\_\_\_\_

NOTE: The provisions of this policy do not apply to positions created to support a particular grant or other sponsored project when such positions are ended because the grant or other sponsored project ends according to the terms of the contract or award.

Department Director: \_\_\_\_\_  
(Print Name)

Signature: \_\_\_\_\_