# Reorganization Request Guide

(To be completed by department manager/supervisor)

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| **Manager/****Supervisor Name**: |  | **Department:** |  |
| Office Phone: | Signature |  |  |

1. Why is this reorganization necessary? Please be as specific as possible. Attach a **detailed business plan**.
2. What other steps have been considered or taken as an alternative to reorganization?
3. Please describe the changes you would like to make and why they will meet your needs. Attach both a **current organization chart** and a **new organization chart** to help illustrate the proposed changes. For any positions that are changing **new job descriptions** are required. Please note: Human Resources evaluates proposed job descriptions to rate in accordance with internal salary guidelines, external market data, and to determine if the position(s) requires posting.
4. What financial impact will this reorganization have? If Full-time equivalencies (FTE’s) increase, you are responsible for coordinating with the budget office and obtaining approval, if necessary.
5. Will this reorganization result in elimination of positions? If “yes,” provide **a roster** highlighting all affected employees (includes those jobs that are changing or are being eliminated). Include an explanation for how and why each highlighted employee is being affected. Include an explanation of who will assume the duties of any position that is eliminated.
6. Are you currently utilizing temporary employees or students? If “yes,” provide details.
7. Effective date for planned reorganization. Why was this date chosen?
8. Please set out a communication plan for providing notice of the reorganization. The plan should include communications with the affected employee(s), the department and, if needed, the campus community. If a reorganization results in the elimination of more than three (3) positions the communication plan will have to be reviewed by **Senior Vice President of Administration** and the **Associate Vice President of Marketing and Communications**. In addition, **a letter of notice**, which may include a severance arrangement, should be attached and will be reviewed by Employee Relations and the Office of General Counsel.
9. Please discuss with Employee Relations any individual employee work-related concerns (disability accommodations, workers’ compensation claims, performance problems, employee generated workplace complaints, etc.). Human Resources will review the business plan, organization charts, position descriptions, possible employee workplace concerns, notice letters and/or other significant dynamics. Once Human Resources has completed its review, the reorganization information will be forwarded to the Office of General Counsel for review.

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| **Department Head Approval:** |  |  |

 Signature Date