



Dartmouth College  
HANOVER • NEW HAMPSHIRE • 03755

**Application for Layoff Package or Reduction in Hours**

<input type="checkbox"/>	<b>Check one:</b>	<input type="checkbox"/>
<b>Layoff Package</b>		<b>Reduction in Hours</b>

**Name:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

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

**Supervisor's Name:** \_\_\_\_\_

**Division:** \_\_\_\_\_

**Requested Effective Date:** \_\_\_\_\_

**Reason for applying:** \_\_\_\_\_

\_\_\_\_\_

**Reduce FTE from \_\_\_\_\_ hrs/week to \_\_\_\_\_ hrs/week.**

=====

**Key Accountabilities of the position:**

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_

6. \_\_\_\_\_  
\_\_\_\_\_

<i>To be completed by Human Resources</i>
<b>Position Number:</b> _____
<b>Position Grade:</b> _____
<b>Position Start Date:</b> _____
<b>Service Date:</b> _____
<b>Annualized Salary:</b> _____

7. \_\_\_\_\_  
\_\_\_\_\_

**Please provide a proposal on the redistribution/elimination of responsibilities:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*(Employee Signature)*

*(Date)*

Please submit this form to the Office of Human Resources no later than January 15, 2010.

**Dartmouth College  
Office of Human Resources HB 6042  
7 Lebanon Street, Suite 203  
Hanover, NH 03755  
human.resources@dartmouth.edu**