



THE UNIVERSITY OF
TOLEDO
 1872

Position Reduction/Elimination
 Information Form

This form is to be completed for **each** position (occupied or vacant) proposed for reduction/elimination by each department/office/college and submitted to the Office of Budget and Planning concurrent with the Reductions and Reallocations submitted as part of the FY-2009 Budget Development Requests and Reduction Plan.

The information listed below should be completed for each position proposed for reduction/elimination. **Specific reasons should be provided** as to why the position has been recommended for reduction/elimination **in light of the Criteria for Evaluating Reductions and Reallocations** set forth on page 3 of the FY-2009 Budget Development Guidelines for the General Fund. Reasons should explain why the position is targeted in light of the department's/office's/college's academic/administrative goals; to whom and how the duties of the position will be reassigned; and why this particular position was selected versus other positions in the department/office/college.

College or Office _____ Dept. # _____
 Department Name _____ Phone _____
 Department Contact Person _____ Phone _____
 Prepared By _____ Title _____ Date _____

Please provide the following information concerning the position affected by the proposed reduction/elimination:

Name _____ PCN # _____
 If vacant, list as vacant.
 Position Title _____ FTE _____ Annual Salary _____
 CWA Campus Police Post-Doc
 PSA Unclassified Faculty Lecturer
 PSA Exempt Faculty Administration Other Specify _____

Reasons for Reduction/Elimination (attach additional sheets if necessary):

*Please provide the following information concerning the faculty/staff member employed in any position proposed for reduction/elimination.

Name _____

Sex	Race	Disabled	Veteran	Over 40
<input type="checkbox"/> Male	<input type="checkbox"/> African-American	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Female	<input type="checkbox"/> American Indian	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Asian-American			Date of Birth _____
	<input type="checkbox"/> Hispanic-American			
	<input type="checkbox"/> Caucasian			

*For internal reporting purposes only
1/29/08