

Reduction-In-Force (RIF) Sample Forms

The following forms were designed to assist employers when evaluating and analyzing their decision to conduct a Reduction-In-Force (RIF). These forms contain general templates to help employers review their selection criteria objectively rather than making a decision based on subjective factors.

When utilizing these forms, understand that each RIF is unique and the selection process should be completed with the assistance of a labor attorney.

Reduction-In-Force (RIF) Plan

(Month), (Year)

Obtain approvals for the RIF from upper management such as, president, chief financial officer, human resources director, etc.

Approvals

Name _____ Date ____/____/____

Job Title _____

Name _____ Date ____/____/____

Job Title _____

Name _____ Date ____/____/____

Job Title _____

Employee Roster

Department _____ Position _____

Name	Employee ID Number	Job Title	Sex	Race	DOB	Age	Length Of Service Company Position	Current Performance Rating	Previous Year's Performance Rating

These materials are provided for informational purposes only. They do not constitute legal or accounting advice, and should not be relied upon as such. If you need assistance with, or have questions about, how the law applies to a specific set of facts and circumstances, you should consult with your attorney.

Key Job Qualifications

Job Title _____

Key Job Qualifications

List qualifications that are essential to the performance of the job.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

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Decision Matrix

If a job candidate meets the qualification, put a **Y** in the corresponding box. If the candidate does not meet the qualification, put an **N** in the corresponding box. To go to the Candidate Slate, the employee must have a **Y** in each Key Job Qualification. If they do not, they cannot advance to the Candidate Slate. You need to give a reason(s) why the candidate is disqualified from the slate.

Employee Name	Employee ID Number	Key Qualifications										Ranking	Reason(s)	
		1.	2.	3.	4.	5.	6.	7.	8.	9.	10.			

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Affirmative Action/Equal Employment Opportunity Analysis

(Month), (Year)

Department Name _____

	Number of Employees	# Female	% Female	# Minorities	% Minorities	# Age > 40	% Age > 40
Pre-RIF							
Affected Employees							
Post-RIF							

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Affected Employees

Name	Employee ID Number	Job Title	Sex	Race	DOB	Age	Reason(s)	Notification Date

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Special Situations

Employee Name _____

Employee Name _____

Employee Name _____

Employee Name _____

Employee Name _____
