

PRIORITY OF DEPARTMENTAL FUNCTIONS AND/OR POSITIONS

VP _____ DEPT. NO. _____ DEPT. NAME _____

The following priorities are set for [] Functions [] Positions

<u>Priority</u>	<u>Function or Position</u>	<u>Number of Employees</u>
Highest	1 _____	
	2 _____	
	3 _____	
	4 _____	
	5 _____	
	6 _____	
	7 _____	
	8 _____	
	9 _____	
Lowest	10 _____	
Total _____		
Total Employees Terminated _____		

Proposed Changes

(use additional sheets as needed)

Signed: _____ Date: _____

Approved: _____ Date: _____

REQUIRED POSITIONS AND REQUIRED SKILLS AND ABILITIES

VP _____ DEPT. NO. _____ DEPT. NAME _____

List all positions in the department.

New **Old** **Redefined** **Required Key Skills and Abilities to Qualify for Position**

Position Name _____

Most Qualified
Employees Are: _____

Position Name _____

Most Qualified
Employees Are: _____

Position Name _____

Most Qualified
Employees Are: _____

Position Name _____

Most Qualified
Employees Are: _____

Signed: _____ Date: _____

Approved: _____ Date: _____

TERMINATION MEETING REPORT FORM

To Be Completed After Each Termination Meeting

After the employee has left the room, this form is to be completed by the person responsible for termination.

You should use this form to record the results of each employment termination meeting. The purpose is to document what occurred during the termination meeting so that if questions arise at a later time, accurate facts will be available. Please be as specific and accurate as possible. Special emphasis should be given to unusual events, actions, or statements of the terminated employee.

Name of Employee _____ Time _____ VP _____

Position _____ Dept. _____

Check here if nothing significant occurred during the meeting.

Employee was given a package containing termination benefits information.

Signed: _____ Date: _____

Approved: _____ Date: _____

FORM F