

**REDUCTION-IN-STAFF: LICENSED EMPLOYEE
 REQUEST FORM**

In the event of declining enrollment, the discontinuance or substantial reduction of a particular service or program, the shortage of anticipated revenue, school consolidation, or other unforeseen circumstances, it may be necessary to initiate a RIS. (DP327 NEG)

Instructions:

Principal completes form for each RIS requested and submit to the Administrator of Schools by **February 27, 2025**. HR will notify you regarding the approval/denial of the request. If approved, the principal will then notify the licensed employee by **March 15, 2025**.

| | | |
|---|-----------------------|--|
| School/Department: _____ | | |
| Employee Name: _____ | | Employee FTE: _____ |
| License Information (Check all that apply) | | |
| <input type="checkbox"/> Professional <input type="checkbox"/> *Associate <input type="checkbox"/> * LEA Specific <small>*Should have one-year Temp Agreement. Not eligible for RIS</small> | | |
| <input type="checkbox"/> Elementary Ed K-8 <input type="checkbox"/> Secondary Ed <input type="checkbox"/> CTE <input type="checkbox"/> Early Childhood Ed <input type="checkbox"/> Special Education | | |
| Current Assignment(s) | Grade Level(s) | Additional Assignments & Duties (List & Define Roles) |
| _____ | _____ | _____ |
| Would you rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If no, explain why: |
| Current Disciplinary Issues? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, describe: |
| Reason(s) for RIS request: | | |
| <input type="checkbox"/> Declining enrollment <input type="checkbox"/> Loss/Reduction of program/service <input type="checkbox"/> Shortage of anticipated revenue <input type="checkbox"/> School consolidation <input type="checkbox"/> Other unforeseen circumstances | | |
| Describe Reason: _____ | | |
| Attach the following documentation supporting the RIS request: | | |
| <input type="checkbox"/> RIS Rubric REQUIRED (Attach ALL Rubrics used to determine RIS) <input type="checkbox"/> Employee Evaluation(s) Results REQUIRED [JPAS] (Current contract year or last available) <input type="checkbox"/> Signed Written Warning(s)/Reprimand <input type="checkbox"/> Other: _____ | | |
| Clearly describe why this employee is recommended for a RIS. | | |
| <div style="border: 1px solid black; width: 100%; height: 100%;"></div> | | |
| Principal Signature: _____ | | Date Submitted to AOS: _____ |

Submit form to Administrator of Schools by Tuesday, February 27, 2025. Due to HR by March 4, 2025

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|--|---------|---|
| Administrator of Schools Review: | | |
| Date form Received by AOS: _____ | | |
| RIS Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Reason: | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| Administrator of Schools Signature: _____ | | Date: _____ |
| Human Resource Review: | | |
| Date form Received by HR: _____ | | |
| RIS Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Reason: | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| HR Administrator Signature: _____ | | Date: _____ |