

## REDUCTION-IN-STAFF: LICENSED EMPLOYEE

*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. - DP 327 NEG*

### Instructions:

Complete this form for each licensed employee requested for a RIS. Submit this signed form to your Administrator of Schools who will forward to Human Resources. The Human Resource Administrator – Licensed will contact you concerning the approval/denial of the request. If approved the principal will then notify the licensed employee within 24 hours.

<b>School:</b> _____	<b>Date:</b> _____
<b>It is requested that the following licensed employee be declared a Reduction-In-Staff (RIS):</b>	
<b>Employee Name:</b> _____	<b>SSN#</b> <b>xxx-xx-</b> _____
<b>Reason for RIS:</b> <input type="checkbox"/> Voluntary <input type="checkbox"/> Declining Enrollment <input type="checkbox"/> Loss/Reduction of Funding <input type="checkbox"/> Loss/Reduction of Program or Service <input type="checkbox"/> School Consolidation <input type="checkbox"/> New School <input type="checkbox"/> Boundary Change <input type="checkbox"/> Other (explain): _____	
<b>License Information:</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Level 1  <input type="checkbox"/> LOA (Temporary)         </div> <div> <input type="checkbox"/> Level II  <input type="checkbox"/> ARL         </div> <div> <input type="checkbox"/> Level III  <input type="checkbox"/> ATP (SpEd)         </div> </div>	
<b>Endorsements:</b> _____	
<b>Rationale:</b> Clearly explain why this licensed employee was determined to be a RIS. If there are other licensed employees that exhibit similar performance please explain why this teacher was chosen. _____ _____ _____ _____	
<b>Check ALL that apply AND attach documentation (REQUIRED):</b> ** Employees on probation MAY NOT be a RIS <input type="checkbox"/> Employee Evaluation(s) [JPAS or Interim] <input type="checkbox"/> Signed Letter(s) of Concern and/or Reprimand <input type="checkbox"/> Remediation Strategies Suggested/Implemented <input type="checkbox"/> Assigned Mentor Teacher <input type="checkbox"/> Assigned Consulting Educator <input type="checkbox"/> Other (explain): _____	
<b>Principal's Signature:</b> _____	<b>Date:</b> _____

<input type="checkbox"/> RIS Approved	<input type="checkbox"/> RIS Denied	_____ Administrator of Schools	_____ Date
<input type="checkbox"/> RIS Approved	<input type="checkbox"/> RIS Denied	_____ Human Resource Administrator	_____ Date