

PROCEDURES FOR REQUESTING A TERMINATION OF A SCHOLAR FELLOW FOR FINANCIAL EXIGENCY

PI/Chair/Director Responsibilities:

Validate this is an appropriate request for layoff based on the following criteria of a sudden Grant Loss/Expiration with less than 90 days' notice

1. Complete Termination of Scholar Fellow for Financial Exigency Form. Submit to Office of Academic Administration and Office of Postdoctoral Scholars.

After Dean's Office approval, send the letter to the fellow and process the termination through payroll.

Dean's Office Responsibilities:

1. Coordinate review and approval of layoff information with Office of Postdoctoral Scholars, the SOM Office of Research Affairs, and the Office of International Scholars if the fellow is on a visa.
2. Upon approval from the Dean's Office, Chair/Director Office is informed of approval

Request for Termination of a Scholar Fellow for Financial Exigency

Please complete and submit this form electronically to the Dean's Office at: lkummer@som.umaryland.edu. Upon receipt of this request, a representative from the Dean's Office may contact you for additional information and to clarify next steps. For further information please call (410) 706-7302.

General Information			
School/Dept.:		Title:	
Layoff Reason:		Funding Source:	
FTE%:		Date Submitted:	

Employee Information			
Name of Affected Employee:			
Employee ID:		Current Salary:	
Original UMB Date of Hire:		Department Date of Hire:	
On a Visa?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	If Yes, Type?

Faculty and Staff on the same funding source:

Termination Information		
Proposed Termination Date:		
Explanation:		
Name of Requester:		
Requester Title:		
Date Funding is to end:		
List all faculty and staff with their % of FTE on the same funding source	Additional space is available on page 2	
Will all faculty and staff on the funding source be laid off?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If "No", please explain:		
Has there been any recent salary action for people on the Funding Source? i.e., salary increases		
How is the laid off employee's work going to be absorbed?		

Signature: _____

Signature of Department Administrator: _____ **Date:** _____