# Reorganization Request Guide – Lack of Grant Funding

(To be completed by Principal Investigator/department manager)

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| **Principal Investigator/ Supervisor Name**: |  | **Department:** |  |
| Office Phone: | Signature |  |  |

1. Please list the name of the grant and end date. Attach a copy of the notice of grant award or the notification that funding is ending.
2. Provide **a roster** of all employees in your lab/area and highlight all affected. Include title and percentage of effort of all employees in the lab/area. If there are employees who will not be affected, please indicate the reason and describe their responsibilities.
3. If you are currently utilizing temporary employees or students on this project, provide end dates for assignments.
4. What is the effective date for planned reorganization? If different than funding end date, please indicate why this date chosen?
5. What date will notification be provided to affected employees?

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| D**epartment Head Approval:** |  |  |

 Signature