



Request for Hearing Form
Only for Academic Staff impacted by layoff

Instructions: Eligible employees will use this form to request a hearing through the Senate of Academic Staff if they are unsatisfied with the reasons for layoff provided. This form must be submitted within 20 days of the receipt of the reasons for the layoff. Employees should complete the form and submit it to the Chancellor, Senate of Academic Staff and HR.

Employee Completes

Employee Name:

Official Title:

Department:

Date Reasons for Layoff was Received:

Justification - Please specify the grounds used in establishing the impropriety of the layoff decision.

Employee Signature:

Date:

Human Resources and Workforce Diversity

800 Algoma Blvd. | Oshkosh, WI 54901

PHONE (920) 424-1166 | FAX (920) 424-2021 | WEB uwosh.edu/hr

Hearing Committee Review

Hearing Committee Recommendation:

Academic Staff President Signature:

Date:

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Chancellor Review

Layoff is in effect

Layoff is overturned

Comments:

Chancellor Signature:

Date:

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