



University Center/Institute Closing Approval

Part 1: Initial Closing Approval

Part one of this form establishes the scope and impact of a closing and documents approval by the vice president of the area, after which a closing plan can be developed. The information in part one is for planning purposes only.

Section I: Center/Institute Background, Rationale for Closing and Timeframe

Name of Center/Institute: _____

Rationale/Need for Closing: _____

Background/Details Specific to the Closing: _____

Anticipated Closing Date: _____

Projected Notice Period (in days): _____

Anticipated Challenges: _____

Anticipated Impact on Customers (internal and external): _____

Position Openings (current and upcoming) within the College/Division: _____

Consideration of a Voluntary Incentive Program: _____



Part 1: Initial Closing Approval (continued)

Section II: Affected CU Positions/Employees (anticipated)

Number of Positions Affected by Closing: _____

Affected Positions/Employees

Please use the space below to list the Clemson University employees you anticipate will be affected by this closing.

Position Type		Affected Positions/Employees (Anticipated)			
Faculty or Staff	FTE, TLP, TGP or INT	Position Title	Name of Employee	Employee ID	Years of Service

Position Types: For each affected employee, please identify the appropriate categories.

- Either F (Faculty) or S (Staff)
- Either FTE (Full-time Equivalent), TLP (Time-limited), TGP (Temporary Grant), or INT (Intermittent)



Part 1: Initial Closing Approval (continued)

Section III: Approval

"My signature below certifies that I have reviewed the above information outlining the rationale for and anticipated impact of the closing of the center/institute named above. My signature certifies that I approve closing the center/institute pending development of a closing plan.

Director of the Center/Institute's Signature

Date

Dean's Signature

Date

Vice President's Signature

Date

CHRO's Signature

Date



<h2>University Center/Institute Closing Approval Form</h2>
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Part 2: Final Closing Approval

Before a closing is announced or implemented—including notification of affected employees—final VP and CHRO approval of the closing is required. Part 2 of this form should outline the closing plan and document approval to communicate and implement the closing as planned.

Section I: Final Closing Plan

Name of Center/Institute: _____

Closing Date: _____

Verbal Notice to impacted employees Date: _____

Written Notice to affected employees Date: _____

(Please attach a copy of the written notice to this form for review.)

Voluntary Incentive Programs:

- Retirement Incentive Plan (RIP)
- Voluntary Separation Program (VSP)



Part 2: Final Closing Approval (continued)

Section II: Affected CU Positions/Employees

Number of CU Positions Affected by Closing: _____

Affected Positions/Employees:

Please use the space below to list the Clemson University employees affected by this closing.

Position Type		Affected Positions/Employees (Actual)			
Faculty or Staff	FTE, TLP, TGP or INT	Position Title	Name of Employee	Employee ID	Years of Clemson University Service

Position Types: For each affected employee, please identify the appropriate categories.

- Either F (Faculty) or S (Staff)
- Either FTE (Full-time Equivalent), TLP (Time-limited), TGP (Temporary Grant), or INT (Intermittent)



Part 2: Final Closing Approval (continued)

Section III: Approval

"My signature below certifies that I have reviewed the final closing plan for the University center/institute named above and approve the closing as planned."

Dean's Signature

Date

Vice President's Signature

Date

CHRO's Signature

Date

Related Documents

[University Center/Institute Closing Guidance](#)

[University Center/Institute Closing Checklist](#)