AGENCY WORKFORCE REDUCTION PLAN
Reporting Form for Workforce Reduction

Forward completed forms to:	Send copies to:
Task Force on State Workforce Management and Employee Deployment: **C/O John Currier, Executive Deputy Director, Governor's Office of Employee Relations** **Agency Building 2, 2 ESP, Suite 1201, Albany, NY 12223-1250** **Dan Wall, Executive Deputy Commissioner** **Department of Civil Service, State Campus Building 1, Albany, NY 12239** **John E. Burke, Chief Budget Examiner** **Division of the Budget, Room 117 State Capitol, Albany, NY 12224**	**William Doyle, Director** **Staffing Services** **Department of Civil Service** **State Campus Building 1** **Albany, NY 12239** **_____** **Examination Unit** **Division of the Budget** **State Capitol** **Albany, NY 12224**

AGENCY: _____ **DOB EXAM UNIT APPROVAL:**_____ **DATE:**_____
AGENCY CODE: _____
AGENCY CONTACT:_____ **TASK FORCE APPROVAL:** _____ **DATE:**_____
DATE SUBMITTED:_____

Title Code	Title	Bargaining Unit	Salary Grade or N/S Equivalent	Location (County/County Code)	No. Of Scheduled Reductions	Effective Date

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