

# Memorandum

To: Name  
Human Resource Consultant

Thru: Name  
Administrative Services Director

From: Name  
Division Director

Date:

Subject: Layoff Plan Proposal

The following serves as the layoff plan proposal for the [Division Name].

[ Provide a description of the reasons for layoff:

- lack of funds,
- lack of work,
- a management decision to stop performing the work due to a reorganization,
- the elimination of a program,
- other management decision on how to accomplish the work of the department within the funds available, or
- other business reasons outside of the employee's control.]

[List the position(s) impacted including position control number (PCN), job class title, location, position status (fulltime, part-time, seasonal), name of the incumbent, and whether or not the position is a flexibly staffed and/or multiple class position.

[List current and upcoming vacancies within this job class series of the position slated for elimination and any existing or planned nonpermanent positions within your division.]

[ Explain any other special considerations:

- employees working under Letters of Agreement (i.e. reduced work week);
- employees on a leave of absence;
- pending or future location changes, bargaining unit changes, or reclassifications within the job class series of the position(s) slated for elimination;
- other circumstances that may impact layoff or recall. ]

The proposed effective date of layoff is [preferably 60 days from this request]

Attachments: Division Organizational Chart