



Memorandum

To: **Employee Name**

From: **Name**
Division Director

Date: **XXXXX**

Subject: Notice of Potential Layoff

It is with regret that I must notify you of your impending layoff from your present position as **Job Class Title** with the Department of **XXXXXX**, Division of **XXXX**.

I assure you that this action reflects no discredit on your service with this department and is being taken solely due to **Reason for Layoff**.

In accordance with your collective bargaining agreement, you will be displaced by a more senior employee within your organizational unit; however, you have the option of accepting a position at a lower level in your job class series. To determine which position should be offered to you, a review of the layoff points for incumbents of positions in your division's organizational structure, in addition to current vacancies, has been conducted.

You are being offered the following position:

Job Class Title, PCN **XXXX**, Division of **XXXXXX**, **Location**

The position description for this position is attached.

If you do not accept the position offered, you will be placed on layoff from your current position effective **Date**. Your last day worked will be **Date**. If this occurs, nonpermanent positions will be reviewed within the department in **Location** to determine if you meet the minimum qualifications and if the work can reasonably be assigned consistent with the needs of the agency. If you accept nonpermanent work, you will retain layoff rights to your current classification of **Job Class Title**.

Please notify me of your decision to accept or decline this position and of your interest in nonpermanent work by completing the attached acknowledgement form and returning it to me within 10 working days of

receipt of this notice. In the absence of a response from you within 10 working days, I will conclude you have declined these offers.

If you accept the **Job Class Title**, you will be placed on layoff as a **Job Class Title** and your appointment to the lower level will be effective **Date**. You will be placed on the layoff list for the department, job class, location, and position status from which laid off. Please read and complete the “Conditions of Employment Upon Return From Layoff” form to change the conditions under which you will accept employment. This form must be returned to the Department of Administration, Division of Personnel & Labor Relations, Recruitment Services before the effective date of layoff so that they may place you on the layoff list for the conditions you have noted. You may fax the form to (907) 465-3415 or scan it to recruitment.services@alaska.gov. Please note that if you decline a position that meets these conditions, you will lose your layoff rights. You may elect to change your conditions any time during your layoff period.

At such time you are offered a position upon recall, you are allowed 10 days in which to respond regarding your availability for work. Failure to respond will result in removing you from the layoff list and you will lose all layoff rights. It is for this reason you need to keep the Department of Administration, Division of Personnel & Labor Relations informed of your current address. Make sure your mailing address is up-to-date to ensure timely receipt of a recall notice. If your address changes during your layoff period, use the “Address Authorization/Change Form” found on the HR form page to provide notification: <http://doa.alaska.gov/dop/docpool/pdf/stdforms/AddressAuthorization.pdf>

Please carefully read the attached material regarding your layoff rights.

Any questions you have may be directed to your department Human Resources section at (907) **XXX-XXXX** or the Division of Personnel & Labor Relations, Recruitment Services staff at (907) 465-2498. We are all here to assist you as much as possible.

Attachments: Conditions of Employment upon Return from Layoff
Layoff Information Sheet
Position Description PCN **XXXXXX**
Pre-Employment Certification Form

cc: **XXXX**, Human Resources Consultant
DOA/DOPLR-Recruitment Services
DOA/DOPLR-Payroll Services Section
Jim Duncan, ASEA Headquarters
Joyce Winton, ASEA Headquarters

ACKNOWLEDGEMENT

Name: _____

Employee Number: _____

I wish to exercise my bumping rights to the position of **Job Class Title**, PCN **XX-XXXX** in **Location**. I have completed and attached a Pre-Employment Certification Form.

Signed

Dated

I do not wish to exercise my bumping rights to the position of **Job Class Title**, PCN **XX-XXXX**. I understand my layoff is effective **Date**. My last day of work will be **Date**.

Signed

Dated

I am interested in nonpermanent work if it is available, if it is determined I meet the minimum qualifications for the position, and if it can reasonably be assigned consistent with the needs of the agency. I have attached a completed Pre-Employment Certification Form and a current application (available at: <http://doa.alaska.gov/dop/fileadmin/StatewideHR/pdf/WPAPaperApplication.pdf>) for verification of my qualifications.

Signed

Dated

I am not interested in nonpermanent work.

Signed

Dated