

Department Header

Memorandum

To: **Employee Name**

From: **Name**
Division Director
Division of **XXXX**

Date: **XXXX**

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 **XXXX**, 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 **(add reason for layoff)**.

In accordance with your collective bargaining agreement, you have the option to displace the employee with the least number of layoff points in your job class. 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 has been conducted.

Based on this information, you are being offered the position of **Job Class Title**, PCN **XXXX**, in the Division of **XXXX** in **Location**. The position description for this position is attached.

If you do not accept this position, you will be placed on layoff from your current position effective **Date**. Your last day of work 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.

You will be placed on the layoff list for the department, job class, location, and position status from which layoff occurs. Please read and complete the "Conditions of Employment Upon Return From Layoff" form to designate other 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 recall 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 all 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 **XX-XXXX**
Pre-Employment Certification Form

cc: **Name**, Human Resources Consultant
DOA/DOPLR-Recruitment Services
DOA/DOPLR-Payroll Services
Name, Union

ACKNOWLEDGEMENT

Name: _____

Employee Number: _____

I wish to exercise my displacement rights to the position of **Job Class Title**, PCN **XX-XXXX** in **Location**. I have completed and attached a Pre-Employment Certification Form. I will report to work in this new position on **Date**.

Signed

Dated

I do not wish to exercise my displacement rights to the position of **Job Class Title**, PCN **XX-XXXX** in **Location**. 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