

## Department Header

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# Memorandum

To: **Employee's Name**

From: **Name**  
Division Director

Date:

Subject: Notice of 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 the reason for the layoff)**.

In accordance with your collective bargaining agreement, an employee may exercise bumping rights to a lower classification in the employee's class series at the employee's duty station, provided the employee is qualified to perform the tasks of the lower classification and is not the least senior in the lower classification. Therefore, you are being offered the position of **Job Class Title**, PCN **XX-XXXX**. The position description 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 are qualified to perform the work 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.

For easy reference, contractual provisions regarding layoff and recall are enclosed in addition to important information regarding benefits.

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.

Enclosures: LTC Layoff Information  
Position Description for PCN **XX-XXX**

Pre-Employment Certification Form

cc: Public Employees Local 71, AFL-CIO  
**Name** Human Resources Consultant  
DOA/DOPLR – Recruitment Services  
DOA/DOPLR – Payroll Services

**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. I will report to work in this new position on **Date**.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Dated

I do not wish to exercise my bumping 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 am qualified to perform the work of 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