GENERAL GOVERNMENT UNIT EMPLOYEES
CONDITIONS OF EMPLOYMENT UPON RETURN FROM LAYOFF

Upon layoff from your position, your name will be placed on the layoff list for a three (3) year period for your current job class, department, location, status (i.e., full-time/part-time/seasonal) and bargaining unit. When positions in your job class become vacant, laid off candidates will be referred in the following order, one name at a time according to layoff points: 1) from the organizational unit in which the vacancy exists; 2) from the department; and 3) from all departments. Use this form to change your layoff rights regarding status and locations, or to expand the departments to which you wish to be referred. Entries on this form will supersede any prior information. If you want to be considered for rehire in another bargaining unit for this job class, you will have to review current vacancies in *Workplace Alaska* and apply on-line at http://.workplace.alaska.gov.

To be referred, you must have the same stated conditions as the current vacancy.

If you do not respond to a job inquiry or if you decline a job offer which meets your stated conditions, your name will be removed from the layoff list and you will lose all layoff rights.

Remember, these conditions apply ONLY to the job class and bargaining unit in which you have been laid off. You may update this information by submitting an updated form. The change will be effective only after the form is received and processed by the Division of Personnel and will not affect layoff lists prior to this.

Name	Social Security Number	Job class	Contact Phone Number

LOCATIONS where I will work:

☐ Anchorage (EBA)	☐ Fairbanks (JBA)	☐ Juneau (AWA)	☐ Ketchikan (ACA)
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other

If more than 8 "other" locations are desired, please provide the additional locations on a separate sheet of paper.

STATUS I will accept:

☐ **(A)** Permanent full-time ☐ **(B)** Permanent part-time ☐ **(C)** Permanent full-time seasonal ☐ **(D)** Permanent part-time seasonal

DEPARTMENTS: **I WILL work for the following department(s):** **(Check all applicable departments)**

☐ Administration (02)	☐ Fish & Game (11)	☐ Natural Resources (10)
☐ Community & Economic Development (08	☐ Health & Social Services (06)	☐ Public Safety (12)
☐ Corrections (20)	☐ Labor & Workforce Development (07)	☐ Revenue (04)
☐ Education & Early Development (05)	☐ Law (03)	☐ Transportation & Public Facilities (25)
☐ Environmental Conservation (18)	☐ Military & Veterans Affairs (09)	

**** MAKE SURE YOU KNOW YOUR LAYOFF RIGHTS.** FAILURE TO SUPPLY THIS INFORMATION TO THE DIVISION OF PERSONNEL OFFICE BY THE EFFECTIVE DATE OF YOUR LAYOFF WILL AUTOMATICALLY PLACE YOU ON THE LAYOFF LIST ONLY FOR YOUR CURRENT DEPARTMENT, LOCATION, CLASSIFICATION AND POSITION STATUS. Again, list only those criteria under which you would be willing to accept employment. Mail the completed form and/or any address changes (must be in writing) to: **THE DIVISION OF PERSONNEL, EMPLOYEE SERVICES, PO BOX 110201, JUNEAU, AK 99811-0201, OR FAX TO (907) 465-2576.**

Signature _____ Date _____