

State of Alaska
DEPARTMENT OF ADMINISTRATION
DIVISION OF PERSONNEL & LABOR RELATIONS

SUPERVISORY 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 in which the vacancy exists; and 3) from all other departments. You may use this form to expand your layoff rights to include three job classes within your job class series (which may include the class from which laid off), at a level equal to or lower than the job class from which laid off, or to change your 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(es), 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(es) and bargaining unit for which you have layoff rights. 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 and Levels (I/II/III/IV)	Contact Phone Number
LOCATIONS where I will work: <input type="checkbox"/> Anchorage (EBA) <input type="checkbox"/> Fairbanks (JBA) <input type="checkbox"/> Juneau (AWA) <input type="checkbox"/> Ketchikan (ACA) <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ If more than 8 "other" locations are desired, please provide the additional locations on a separate sheet of paper.			
STATUS I will accept: <input type="checkbox"/> (A) Permanent full-time <input type="checkbox"/> (B) Permanent part-time <input type="checkbox"/> (C) Permanent full-time seasonal <input type="checkbox"/> (D) Permanent part-time seasonal			
DEPARTMENTS: I <u>WILL</u> work for the following department(s): (Check all applicable departments) <input type="checkbox"/> Administration (02) <input type="checkbox"/> Fish & Game (11) <input type="checkbox"/> Natural Resources (10) <input type="checkbox"/> Community & Economic Development (08) <input type="checkbox"/> Health & Social Services (06) <input type="checkbox"/> Public Safety (12) <input type="checkbox"/> Corrections (20) <input type="checkbox"/> Labor & Workforce Development (07) <input type="checkbox"/> Revenue (04) <input type="checkbox"/> Education & Early Development (05) <input type="checkbox"/> Law (03) <input type="checkbox"/> Transportation & Public Facilities (25) <input type="checkbox"/> Environmental Conservation (18) <input type="checkbox"/> Military & Veterans Affairs (09)			
** MAKE SURE YOU KNOW YOUR LAYOFF RIGHTS. FAILURE TO SUPPLY THIS INFORMATION TO THE DIVISION OF PERSONNEL & LABOR RELATIONS OFFICE BY THE EFFECTIVE DATE OF YOUR LAYOFF WILL AUTOMATICALLY PLACE YOU ON THE LAYOFF LIST <u>ONLY</u> FOR YOUR CURRENT JOB CLASS, LOCATION, DEPARTMENT 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 & LABOR RELATIONS, EMPLOYEE SERVICES, PO BOX 110201, JUNEAU, AK 99811-0201, OR FAX TO (907) 465-2576.			

Signature _____ Date _____