**PSS NOTICE OF INDEFINITE LAYOFF - Template**

**DATE**

To: **EMPLOYEE NAME AND TITLE**

From: **SUPERVISOR NAME AND TITLE**

Subject: **Indefinite Layoff or Reduction in time**

This letter is to notify you that due to **reorganization, lack of work, lack of funds** it has become necessary to reduce staff in **Department Name**. Therefore, I regret to inform you that you will be placed on **indefinite layoff, indefinite reduction** in time effective **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**.

As a career employee who has received a notice of indefinite layoff you may elect in writing preferential rehire and recall rights instead of severance by signing and returning the attached *Preference for Reemployment and the Right to Recall Election Form* within fourteen (14) calendar days of receipt of the notice of layoff. Your election must be in writing and is irrevocable. Please return the completed election form to me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_ or you will default to severance. Your severance payment will be paid with your final wages. Based on your most recent hire date, \_\_\_\_\_\_\_\_\_\_\_\_, you are entitled to \_\_\_\_\_ weeks of severance. The amount of your severance will be $\_\_\_\_\_\_\_\_\_\_\_\_.

If you elect to receive preferential rehire and recall rights, you will have the right for a period of three (3) years to be recalled to this department in order of seniority to an active, vacant career position for which you are qualified provided the position is in the same classification, the same salary grade, and at the same or lesser percentage of time as the position from which you are being laid off. In addition to recall, as a career employee with **(insert less than one to five year(s); more than five years and less than ten years; more than ten years)** will be eligible for preferential rehire status for a period of **(insert one, two or three years).** During your **(insert one, two or three)** years of preferential rehire status, you will be given preferential consideration for active vacant career positions at UCOP provided that a) the position is in the same or lower salary grade from which you are being laid off; b) the position is at the same or lesser percentage of time as the position from which you are being laid off; and c) you are qualified for the position.

In order to activate preferential consideration for other UCOP job openings, it is necessary for you to contact the Preferential Reemployment Coordinator at

510-587-6217 and submit a current resume to the Preferential Reemployment Coordinator at 1111 Franklin Street, 6th floor, Oakland, CA 94607, or by email to: sally.gelini@ucop.edu, attention Preferential Reemployment Coordinator. It is also necessary for you to keep the Local UCOP Human Resources Department informed of your current address and telephone number.

If interested in positions at UCB, please contact the UCB Preferential Reemployment Coordinator, on 510-642-1621 or by email at: llundberg@berkeley.edu. It is also necessary for you to keep the Local UCOP Human Resources Department informed of your current address and telephone number.

Information on the impact of your layoff on any health plans you are enrolled in through the University, as well as how to continue coverage under those plans, will be forwarded to your home. If you have any questions regarding benefits or are considering retirement, please contact Benefits 510-987-0900 or on the web at: https://contactrasc.universityofcalifornia.edu/contacts/csform.html.

As an employee on layoff status, you may be eligible to receive Unemployment Insurance benefits. To determine your eligibility you must file a claim at a local office of the State of California Employment Development Department. Employees may file Unemployment Insurance Claims by calling EDD at 1-800-300-5616 or via the Internet at www.edd.ca.gov. You are also eligible to receive outplacement services through Lee Hecht Harrison **(see attached).**

I would like to take this opportunity to express the Department’s appreciation for your service. You have been a valuable member of the **(name of department),** and your contributions have been greatly appreciated.

If you have any questions or need assistance, please feel free to contact Local UCOP HR Business Partner or me.

Attachment: Preference for Reemployment and the Right to Recall Election form

 LLH Select Transition Services - 1 month program Informational Notice

cc: Local UCOP HR Business Partner

 Local UCOP HR Employee/Labor Relations

Local UCOP Preferential Reemployment Coordinator

 Department Personnel File