**INDEFINITE LAYOFF AFSCME**

**[Date]**

To: **[Employee Name]**

From: **[Supervisor Name and Title]**

Re: **Indefinite [Layoff/Reduction-in-Time]**

This letter is to notify you that due to a **[lack of work/lack of funds/reorganization of services]**, it has become necessary to reduce staff in the **[department name].** Therefore,I regret to inform you that **[you will be placed on indefinite layoff / your appointment will be reduced in time from X% to Y%]** effective **[date] (effective date shall include 30 calendar days’ notice).**

As a career employee who has received a notice of indefinite **[layoff/reduction in time]**, you may elect in writing to receive severance pay in lieu of preferential rehire and recall rights within fourteen (14) calendar days of receipt of the notice of layoff. Your election must be in writing and is irrevocable. Since you have completed **[number]** years of University service, if you elect severance you would receive **[number]** weeks of pay.

If you decide to elect not to receive severance pay, you will have the right for a period of three 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 bargaining unit and at the same or lesser percentage of time as the position from which you are being laid off, and the position is either: a) in the same class as the position from which you are being laid off; or b) in a lower class provided you previously held a career position in such lower class in this department. In addition to recall, you will be eligible for preferential rehire status for a period of **[one, two or three year(s)]**. During your **[one, two or three year(s)]** of preferential rehire status, you will be given preferential consideration for active vacant career positions at UCOP and/or UCB provided that: a) the position is in the same bargaining unit as the position from which you are being laid off; b) the position is in a class with the same or lower salary range maximum as the class from which you are being laid off; c) the position is at the same or lesser percentage of time as the position from which you are being laid off; and d) you are qualified for the position.

Please make your election for severance pay on the enclosed form and return to me no later than **[date]**. In the event you do not sign and return the Severance Election form within the fourteen (14) calendar day time period, you will default to preference and recall rights as provided for in your collective bargaining agreement.

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 at 510-987-0900 or on the web at:

 https://contactrasc.universityofcalifornia.edu/contacts/csform.html.

As an employee on **[layoff/reduction in time]** 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.

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

If you have any questions or need assistance, please feel free to contact **[name and title of additional contact]** or me.

Attachment: SX Severance Election Form

cc: UCOP Local HR Business Partner

Preferential Reemployment Coordinator

Department Personnel File

AFSCME **(Copy to union sent by department at the same time that the notice is issued to the employee) AFSCME’s address: 2532 Durant Avenue, Suite 102, Berkeley, CA 94704; fax #: 510-486-0111**