## SAMPLE NOTICE OF LAYOFF LETTER TO CONTRACT-COVERED EMPLOYEE Updated: 7/15

Date of Notice

Employee Name Name of Agency/Institution In Person

Dear (first name of employee):

RE: Notice of Layoff

Pursuant to (*insert the layoff notice section*) of the (*insert effective year*) Collective Bargaining Agreement, this is written notice that a reduction in force is necessary at (*insert location*). At the end of your work hours on (*insert layoff date*) you will be laid off and placed in layoff status.

If you are not scheduled to work on (*insert layoff date*), your last work day will be the last scheduled shift prior to (*insert layoff date*).

(Choose either the first sentence or the second sentence.)

You will not have bumping rights associated with this layoff. – OR – Our review of your employment history with the State suggests that you may have bumping rights to the following job classes:

• (insert classes)

(If the employee has bumping rights, include the following paragraph.)

If you wish to exercise your bumping rights, please notify (*insert name, address, and fax*), in writing, no later than the close of business on (*insert date*). Please include the class for which you wish to bump in your letter.

For questions regarding the layoff please contact (insert name).

You may have recall rights. If you wish to exercise your recall rights, please contact (*insert name, phone number, and email address*) for a recall application and information regarding recall.

Sincerely,

(Appointing Authority)

cc: Personnel File HRA contact Supervisor

I have received a copy of this notice.

Employee's Signature

Date