# Template: Notice of Indefinite Layoff

Proof of Service Required

[Date]

[Employee Name]

[Title]

[Employee Address]

[Employee Email Address]

**Re: Notice of Indefinite Layoff**

Dear [NAME]:

I regret to inform you that your position as [TITLE (Employment %)] in [DEPARTMENT] is subject to indefinite layoff due to [lack of funds/ lack of work/due to reorganization], effective [DATE] *(HR Note: Should be 30 or 60 calendar days from the date of the letter.)*

In accordance with [Insert CBA Article or Personnel Policies for Staff Members(PPSM) 60: Layoff and Reduction in Time from Professional & Support Staff Career Positions], you have theoption of receiving either severance pay or preference for re-employment and the right to recall.

If you select severance pay in lieu of preference for re-employment and the right to recall, you will receive [X] weeks of salary in a lump sum payment based on the full-time equivalent of your total years of service. If you select this option, you waive your right to preferential re-employment and recall.

Please be aware that if you subsequently become re-employed with the University to a career position at the same or higher salary and same percentage of time as the position you currently hold, before the expiration of the number of weeks for which you have received severance payments, you must either repay the excess severance pay, in full, or sign a severance repayment agreement. You may not commence work with the University without making adequate repayment arrangements. Additionally, upon re-employment, you will serve a new probationary period.

If you select preferential re-employment and recall, you are entitled to certain rights, including the right to recall for [X] year(s) from the effective date of layoff, as well as preference for re-employment for a period of [X] year(s) from the effective date of layoff. Under this option, you will be considered a preferential rehire candidate for positions at UCI that are at the same or lower salary range and the same or lesser percentage of time as your current position. You must also meet the minimum qualifications for these positions. You must contact your assigned Human Resources Representative – [NAME] at [INSERT PHONE NUMBER AND EMAIL ADDRESS] – to inform them of your request to use your preferential status for each application submission. Please also indicate on each application that you are a preferential applicant.

Please complete the attached Severance Election Form by [DATE] *(HR Note: Should be within 14 calendar days from the date of this letter)* indicating your choice of either:

* Severance Pay, or
* Preference for Reemployment with the Right to Recall.

Send the form to:

[NAME], Human Resources Representative

UC Irvine Human Resources Department

111 Theory, Suite 200

Irvine, CA 92697-4600

Phone: [X]

Email: [X]

Failure to elect an option by [DATE] will result indefault to the [severance pay/preferential hire and recall option – please refer to PPSM-60 or the applicable CBA to determine the default option].

You may also schedule an appointment with [NAME], your assigned Human Resources Representative, to discuss employment rights, opportunities, and procedures, as well as services available to you.

Please contact [NAME], your Insurance and Retirement Consultant, at [PHONE NUMBER] to discuss options for continuation of your medical insurance and retirement benefits.

You may also be eligible for Unemployment Insurance. Please contact your local [California State Employment Development Department (EDD)](http://www.edd.ca.gov/pdf_pub_ctr/de2320.pdf) for details.

I want to thank you for your contributions to the Department. I wish you success in finding employment alternatives and hope that the transition will be a short one.

Sincerely,

[Name of Supervisor]

[Title]

[Department]

Enclosures: ***If represented*:** CBA Article

***If non-represented*:** Personnel Policies for Staff Members(PPSM) 60: Layoff and Reduction in Time from Professional & Support Staff Career Positions

 Severance Election Form

 Proof of Service

cc: [HR Representative Name, Title]

[Workforce Relations Name, Title]

 [Employment Coordinator Name, Title]

[Benefits Insurance & Retirement Consultant Name, Title]