

**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