

## Layoff Justification Form

Effective 8/1/2011  
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Questions about this form? Contact HRS

Before any layoff decision can be finalized or communicated with staff employees who will be laid off, a written explanation of the proposed actions must be completed and submitted to HRS by the department or unit along with other relevant supporting documentation, and the actions must be approved by HRS.\*

### LAYOFF INFORMATION/EXPLANATION

Identify the reason(s) for the layoff – check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Elimination of one or more positions | <input type="checkbox"/> Reorganization/Restructuring |
| <input type="checkbox"/> Funding/Budget                       | <input type="checkbox"/> Change in Job Duties         |
| <input type="checkbox"/> Lack or shortage of work             | <input type="checkbox"/> Other (specify below)        |

Please explain the reason for the proposed layoff below or in attached documentation. The explanation should include the following details:

- The developments that led to the proposed layoff;
- The operational needs of the department relative to the layoff;
- The impact on the department’s organizational structure; and
- The impact on department work, and how it will be completed going forward.

\* Please consult the applicable union contract when proposing layoff for staff employees in union represented positions because the selection criteria, implementation plan, and severance eligibility, pay, and benefits may be governed by the contract.



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**IMPLEMENTATION PLAN**

**Layoff effective date:** \_\_\_\_\_ **Notification date:** \_\_\_\_\_

Monthly staff employees must receive at least one month notice and biweekly staff must receive at least two weeks' notice. Employees may receive pay in lieu of notice.

**Please identify the last day of work if it is different from the notification date:** \_\_\_\_\_

	Pay in lieu of notice	Work Through Notice Period
<b>Monthly Staff Employees (1 month)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bi-weekly Staff Employees (2 weeks)</b>	<input type="checkbox"/>	<input type="checkbox"/>

**Will the department offer severance pay?** \_\_\_\_\_ Yes \_\_\_\_\_ No

- \_\_\_\_\_ Standard Severance
  - \_\_\_\_\_ Other (describe below)
- 207 Layoff Policy (employees who have completed 5 years of continuous service may be eligible for lump sum payment of 1 week per year of service, not to exceed 26 weeks)**

**Please identify the decision-maker(s) including the role each played or will play in the process.**



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Please provide any additional details regarding the implementation plan for the layoff below or in attached documentation. If more than one employee is impacted, please identify any variations in the implementation plan below.

Department/Unit: \_\_\_\_\_ Date Prepared: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_