<DATE>

<EMPLOYEE NAME>

Department of <NAME>

RE: Notice of layoff

Dear <NAME>:

Due to <CHOOSE ONE: lack of funds/lack of work/reorganization> it is necessary for the Department of <NAME> to reduce its number of employees. A layoff plan has been prepared and approved in accordance with the rules of the Department of Administrative Services – Human Resources Enterprise (DAS-HRE), IAC 11-60.3.

At the end of your work hours on <DATE>, 20<YEAR> you will be laid off and placed in layoff status. If you are not scheduled to work on <DATE>, 20<YEAR> your last workday will be your last scheduled shift before <DATE>, 20<YEAR>.

CHOOSE ONE OF THE FOLLOWING PARAGRAPHS

<You will not have bumping rights associated with this reduction in force.

OR

Our review of your State employment history suggests you may have bumping rights to the following job classes:

* {LIST CLASSES}

If you want to exercise your bumping rights, please contact {AGENCY CONTACT NAME, PHONE, EMAIL} for information and an application.

You are eligible to use Employee Assistance Program (EAP) services for 30 days after layoff.

Please contact <AGENCY CONTACT NAME, PHONE, EMAIL> with questions.

You will be placed on recall for your layoff class without any action needed on your part.

Sincerely,

<APPOINTING AUTHORITY NAME>

<TITLE>

cc: Personnel file

Agency HRA

Supervisor

**I have received a copy of this notice.**

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Employee’s signature Date