# SAMPLE NOTICE OF LAYOFF LETTER TO SPOC-COVERED EMPLOYEE

**Updated: 7/17**

Date of Notice

Employee Name

Name of Agency/Institution

Person

Dear (*first name of employee*): RE: Notice of Layoff

Pursuant to Article VI of the (*insert effective year*) SPOC 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*