SPOC LAYOFF PLAN

**Department:**

**Reason for Layoff:**

**Amount of savings from this Layoff:**

**Proposed effective date of Layoff:**

**Number of Positions to be eliminated:**

**(Seniority list must be attached)**

**Job Classes affected by Layoff:**

**Special skills exemption request explanation:**

**Current Span of Control:**

**Span of Control, if implemented:**

**Layoff unit:**

**Services impacted by this layoff and plans to address this impact:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Department Director Signature Date**

**Approved \_\_\_ Disapproved \_\_\_ Date \_\_\_\_\_\_ DAS-HRE COO \_\_\_**

**Approved \_\_\_ Disapproved \_\_\_ Date \_\_\_\_\_\_ DAS Director \_\_\_**

**Approved \_\_\_ Disapproved \_\_\_ Date \_\_\_\_\_\_ DOM Director \_\_\_**

**Approved \_\_\_ Disapproved \_\_\_ Date \_\_\_\_\_\_ Governor’s Office \_\_\_**