



JOB AIDS AND RESOURCES

Layoff Avoidance Sample

Performance Adjustments – Withholding or Reduction (Temp. #14)

Revised 9/8/15

Date

Director
Department of State Civil Service
P. O. Box 94111
Baton Rouge, LA 70804-9111

Dear Director:

In accordance with Chapter 17 of the State Civil Service Rules, the [Department Name] is requesting approval to implement a layoff avoidance measure to withhold or reduce performance adjustments for Fiscal Year 2015-16 as provided for in SCS Rule 17.6.

Please select the option that describes your agency’s layoff avoidance measure request for uniform application and provide the requested information:

Option 1: _____

The [Department Name] proposes to pay _____% to its employees for performance adjustments disbursed on October 1.

Option 2: _____

The [Department Name] proposes to pay _____% to its employees for performance adjustments disbursed on [enter alternative date], which is after October 1.

Option 3: _____

The [Department Name] is requesting approval to implement the layoff avoidance measure of withholding performance adjustments for all of our employees statewide.

Option 4: _____

Other (Please describe the measure to be implemented for [Department Name]).

Note: Should fiscal conditions improve and this layoff avoidance measure is lifted, we retain the option to consider granting performance adjustments or restoring the performance adjustment **to an amount not to exceed 4% of an employee’s base salary in FY 15/16** prospectively or retroactively to October 1, 2015, to those employees affected by this measure.

*I hereby certify that the [Department Name] will not have sufficient funds in FY 15/16 to grant performance adjustments of **4% on October 1, 2015.***

APPOINTING AUTHORITY: _____

APPROVED: _____

Byron P. Decoteau Jr., Interim Director
Department of State Civil Service