



JOB AIDS AND RESOURCES
Layoff Templates
Layoff Plan Sample (Template #3)

(Rev. 7/1/14)

Sample Layoff Plan (items in bold and underlined should be specific to your agency and this layoff)

Date of letter

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

Dear Director:

In accordance with the provisions of Rule 17.14, we are submitting the following written plan for a proposed layoff for the Department of . We have provided the required information below in the order listed in Rule 17.14.

- 1. The affected organization unit (per Rule 1.21.1) is the .
2. The layoff is being proposed because of (describe specifics of the situation).
3. We have taken the following budgetary reduction measures to help avoid the layoff: (example: a hiring freeze, furlough) .
4. The proposed effective date is at the close of business.
5. The commuting area (per Rule 1.9.01) to be used for this layoff is .
6. The pay of employees who relocate to lower jobs will/will not be cut. If pay will be cut, by what %? Will the pay of any employees be red-circled?
7. a.) The positions to be abolished are domiciled in the parish(es) of .
b.) The job titles, number of positions in each job title, position number and the career fields for the positions being abolished:

Civil Service Job Title # of Positions Position # Career Field

- 8. Repealed effective July 1, 2014.
9. The Parish, Career Field, Name, Job Title, Position Number and Adjusted Service Date for employees expected to be laid off.
10. The Parish, Career Field, Name, Adjusted Service Date, Position Number and Proposed Job Title to be offered for employees who will be moved to vacancies created as the result of the layoff.
11. We have/have not exempted any employees from layoff Civil Service Rule 17.15(e). (Reasons for any exemptions must be provided).
12. We are/are not requesting any exceptions under Civil Service Rule 17.3. (Reasons must be provided for any requested exceptions. Include exceptions that may be needed during recall of employees on Department Preferred Reemployment List).
13. Name, Job Title, Authorizing Rule #, Appointment Begin and End Date, and Pay of all unclassified and classified temporary, non-permanent appointees in the affected organizational unit, and how these positions will be affected by the layoff.

Name Job Title Rule # Appt. Begin/End Date Salary Per Year

- 14. We do/do not have contracts currently in effect or anticipated that may be causative or related to the layoff. Explain.

We would appreciate your review and approval of our plan so that we may proceed with this layoff.

Sincerely,

Signature of Appointing Authority