

JOB AIDS AND RESOURCES

Layoff Plan Sample (Template #3)
Revised 10/17

(Items in **bold and underlined** should be specific to your agency and this layoff)

Date of letter

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

Dear Director Decoteau:							
		•	s of Rule 17.14, we are s . We have provided th	_	_		
1.	The affected of	organizatio	on unit (per Rule 1.21.1)	is the	•		
2.	2. The layoff is being proposed because of <u>lack of work/lack of funds</u> (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 clo	se of busin	ess.	
5.	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 <u>will/will not</u> 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 t positions being abolished: 						
	Job Title		of Position(s)	Position Numbe	r(s)	Care	er Field
8.	Repealed effe	·		itian Number and	Adjusted	Comile	. Data for ampleyees
9.	expected to b		d, Name, Job Title, Pos	ition Number and	Adjusted	service	e pate for employees
	Parish	Career Field	Name	Job Title	Position Number		Adjusted Svc Date

10. The Parish, Career Field, Name, Adjusted Service Date, Proposed Job Title and Proposed Position Number to be offered for employees who will be moved to vacancies created as the result of the layoff.

Parish	Career Field	Name	Adjusted Svo Date	Proposed Job Title	Proposed Position Number

- 11. We <u>have/have not</u> exempted any employees from layoff Civil Service Rule 17.15(e). (Reasons for any exemptions must be provided).
- 12. We <u>are/are not</u> 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	Appt.	End	Annual	or
1441116	300 1166	#	Date	208	Date	2110	Hourly Salary	
		#	Date		Date		Tiourty Salary	

14. We <u>do/do not</u> 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