



STATECIVILSERVICE

**JOB AIDS AND RESOURCES**  
Adjusted Service Date Notification  
(Layoff Template #13)

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

**MEMORANDUM**

DATE:

TO:

FROM: Human Resources Office

RE: Adjusted Service Date

According to our records, your adjusted service date is \_\_\_\_\_.

If you agree with this date, please sign and date below and return it to this office.

If you disagree, please sign and date below, complete and attach a Prior State Service Questionnaire (**agency should indicate where this document can be found**) and return it to **Name of Agency person, phone number and location.**

Please pay special attention to the instruction sheet, which indicates the types of service, and must be verified by you. Such verification of prior service must be in writing from the employer and must indicate the dates of employment and the number of hours worked per week.

Please return this form and/or any additional information by **date.**

[ ] I agree.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

[ ] I disagree. **The Prior State Service Questionnaire is attached.**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date