

Final Report of Actions Taken for

Layoff or Business Re-Organization

Template # 10 – Form Revision Date: 9/2014

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| **This report details FINAL actions implemented as the result of one of the following (check only one):** | | | |
| **LAYOFF**  **BUSINESS RE-ORGANIZATION** | | | |
| **Department/Agency:** |  | **Personnel Area:** |  |
| **Personnel Area Name:** |  | **Effective Date:** |  |

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| **EMPLOYEE INFORMATION** | | | | | | | | | | | |
| **Name:** | |  | | | | | | | | | |
| **Address:** | |  | | | | | | | | | |
| **City:** |  | | | | **State:** |  | | **Zip Code:** | |  | |
| **Phone #:** | |  | | | **SSN:** |  | | | | | |
| **Status:** | | **Permanent** | | **Non-Permanent** | **Years of Service:** | | **Years** | | **Months** | | **Days** |
|  | |  | |  |
| **Career Field Expanded?** | | | **Yes** | **No** | **If Yes, New Career Field:** | | |  | | | |
| **Last Official PES Evaluation (In accordance with SCS Rule 17.15(b):** | | | | |  | | | | | | |

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| **ACTION INFORMATION (Position Held PRIOR to Action)** | | | |
| **Position #:** |  | **Domicile:** |  |
| **Job Code:** |  | **Job Title:** |  |
| **Action Reason:** | **Laid Off** | **Relocated Down** | **Relocated Laterally** |
| **Downward Reallocation** | **Lateral Reallocation** | **Red Circle Rate (SCS Rule 6.15)** |

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| **ACTION INFORMATION (Position Held AFTER Action (if applicable)** | | | |
| **Job Title:** |  | | |
| **Job Code:** |  | **Position #:** |  |

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| ***For State Civil Service Use Only:*** | | | |
| **SCS Staff Initial:** |  | **Date:** |  |