

**JOB AIDS AND RESOURCES**

Final Information to the Laid Off Employee – Sample Memo

Layoff Template #12

*Revised 10/17*

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

To: **Employee’s Name**

From: **Appointing Authority**

Subject: **Resources Available to Laid Off Employees**

Date: **Date of Memo**

As you are aware, **Agency Name** is having a layoff and the layoff impacts you. This memo is to notify you of the information and resources available to you. Website links, contact information, and telephone numbers are provided in order to get additional detail on subject areas that impact you personally.

1. LAYOFF INFO FOR STATE EMPLOYEES
   * Information on the subjects shown below is available on the Civil Service website at [www.civilservice.louisiana.gov](http://www.civilservice.louisiana.gov). Additional information such as contacts, phone numbers and website links are provided for each subject area for further details applicable to you.
     + Department Preferred Reemployment List (rehire rights & eligibilities)
     + Unemployment Compensation Benefits
     + Worker’s Compensation
     + Insurance Benefits (Office of Group Benefits)
     + Retirement and Deferred Compensation Benefits
     + Leave and Time
     + Job Searches
     + Contact phone numbers
2. RESOURCES FOR STATE EMPLOYEES
   * Information is available on the Louisiana Workforce Commission website at <http://www.laworks.net> regarding job searches, unemployment benefits, education and training information for state employees who have been laid off.
3. LEAVE PAYMENTS AND BALANCES
   * At the time of layoff, employees are paid for any annual leave accrued up to 300 hours. In accordance with SCS Rule 11.18, annual leave above 300 hours, and accumulated sick leave balance, will be restored in the event you return to work in the state classified service in permanent or probational status within five years following the layoff. Depending on the duration of time between a layoff and rehire, reimbursement of annual leave may be required. Your Human Resources Office will provide more information on this process.
4. RETIREMENT CONTRIBUTIONS
   * Employees may request a refund of accumulated contributions to the retirement system by completing the appropriate refund request form which can be obtained

***Name of Employee***

***Date***

from your Human Resources Office. Please keep in mind that if you withdraw your retirement contributions and are later employed in state government, you will either lose that service for retirement purposes or you will have to "buy back" that time with interest. Additionally, if you were employed prior to July 1, 2006, elect to refund and then return to work in state government, you will be considered a newly-hired employee under the provisions of La. R.S. 11:441(A)(2). Under this provision, in addition to other changes, the only eligibility for retirement is ten or more years of service at age 60 or thereafter. If hired after January 1, 2011, in accordance with Act 922 additional changes for Rank-and-File and Hazardous Duty positions are affected please see Human Resources Office for more details.

1. INSURANCE BENEFITS AND DEDUCTIONS
   * Items currently deducted from your check through payroll deductions, such as insurance, savings bonds, credit union, etc., will be affected by your layoff. Please contact the Human Resources Office to obtain the necessary information and documents to maintain or discontinue these benefits.

I regret that these layoff actions are necessary and that you will be affected by them. Our department is available to assist you in any way that we can. Please contact the Human Resources representative listed below to help you access this information, if needed.

Your Human Resources Office is available to provide further information and direction to you throughout this process, so please contact **HR Representative’s Name or telephone number or email address**.

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*For agency files: This notice was \_\_hand delivered OR \_\_mailed to the employee on:*

**Date**

*Signature of agency person handling this action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*