

Final Report of Actions Taken for

Layoff or Business Re-Organization

Template # 10 – Revisied: 2/2025

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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 Overall Performance Evaluation (*as of 7/1/24),* in accordance with SCS Rules 17.15(b) & 18.17:** |  |

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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:** |  |