**INDEFINITE LAYOFF UPTE (5 years or more)**

**[Date]**

To: **[Employee Name and Title]**

From: **[Supervisor Name and Title]**

Subject: **Indefinite [Layoff/Reduction in Time]**

This letter is to notify you that due to a **[lack of work/lack of funds/reorganization of services]**, it has become necessary to reduce staff in the **[department name]**.

**[Choose one of the following three options]**

1) You are the only **[classification]** in the **[layoff unit]**;

2) You are the least senior **[classification]** in the **[layoff unit]**; or

3) On **[Date]**, you were informed of your seniority rights within the **[layoff unit]**.

Therefore,I regret to inform you that **[you will be placed on indefinite layoff / your appointment will be reduced in time from X% to Y%]** effective **[date] (effective date shall include 60 calendar days’ notice).**

As a career employee who has received a notice of indefinite **[layoff/reduction in time]**, you may choose one of the following two options:

Option 1: Severance pay only. Since you have completed **[number]** years of University service, if you elect this option, you will receive **[number]** weeks of pay. You will receive severance pay in this amount in lieu of recall and preferential rehire rights, which are described below in Option 2.

Option 2 **[not applicable to reduction in time]**: Reduced severance with recall and preference. If you elect this option, you will receive **[four/eight]** weeks of pay based on your **[number]** of years of service. In addition, you will have the right for a period of **[one, two or three year(s)]** to be recalled to this department in order of seniority to a vacant career position within your job classification for which you are qualified. In addition to recall, you will be eligible for preferential rehire status for a period of **[one, two or three year(s)]**. During your **[one, two or three year(s)]** of preferential rehire status, you will be given preferential consideration for active vacant career positions at UCOP and/or UCB provided that: a) the position is in the same bargaining unit as the position from which you are being laid off; b) the position is in a class with the same or lower salary range maximum as the class from which you are being laid off; c) the position is at the same or lesser percentage of time as the position from which you are being laid off; and d) you are qualified for the position.

Please make your election for severance pay or reduced severance pay with recall and preference on the enclosed form and return to me no later than **[date]**. In the event you do not sign and return the Severance Election form within the fourteen (14) calendar day time period, you will default to Option 2 (reduced severance with recall and preference) as provided for in your collective bargaining agreement.

In order to activate preferential consideration for other UCOP job openings, it is necessary for you to contact the Preferential Reemployment Coordinator at 510-587-6217 and submit a current resume to the Preferential Reemployment Coordinator at 1111 Franklin Street, 6th floor, Oakland, CA 94607, or by email to: sally.gelini@ucop.edu, attention Preferential Reemployment Coordinator. It is also necessary for you to keep the Local UCOP Human Resources Department informed of your current address and telephone number.

If interested in positions at UCB, please contact the UCB Preferential Reemployment Coordinator, on 510-642-1621 or by email at: llundberg@berkeley.edu. It is also necessary for you to keep the Local UCOP Human Resources Department informed of your current address and telephone number.

Information on the impact of your layoff on any health plans you are enrolled in through the University, as well as how to continue coverage under those plans, will be forwarded to your home. If you have any questions regarding benefits or are considering retirement, please contact Benefits and Financial Planning at 510-987-0900 or on the web at: <https://contactrasc.universityofcalifornia.edu/contacts/csform.html>.

As an employee on **[layoff/reduction in time]** status, you may be eligible to receive Unemployment Insurance benefits. To determine your eligibility you must file a claim at a local office of the State of California Employment Development Department. Employees may file Unemployment Insurance Claims by calling EDD at 1-800-300-5616 or via the Internet at www.edd.ca.gov.

I would like to take this opportunity to express the Department’s appreciation for your service. You have been a valuable member of the **[department name]** staff, and your contributions have been greatly appreciated.

If you have any questions or need assistance, please feel free to contact **[name and title of additional contact]** or me.

Attachment: TX Severance Election Form

cc: UCOP Local HR Business Partner

Preferential Reemployment Coordinator

Department Personnel File

UPTE – P. O. Box 40123, Berkeley, CA 94704 **(Copy to union sent by department at the same time that the notice is issued to the employee); Fax #510-848-8786**