A blue text on a black background

Description automatically generated Employee Election for Severance in Indefinite Layoff – EX Employees

|  |
| --- |
| **EMPLOYEE ELECTION** |

Patient Care Unit employees who receive notice of layoff may elect, within fourteen (14) calendar days of receipt of notice of layoff, one of the following two options. Your election must be in writing and is irrevocable. Failure to make an election in 14 days will result in default to Option 2 (preferential rehire and recall rights).

I have received a notice of my options regarding severance and preferential rehire and recall rights under the Service Unit contract. I fully understand the options presented to me and I have elected the following by affixing my initials below:

**\_\_\_\_\_\_** **Option # 1: Severance Pay *in Lieu of* Preferential Rehire and Recall Rights\***

Employees may elect to receive one week (5 workdays) of salary per full year of University service from the most recent break in service up to a maximum of sixteen (16) weeks of base pay.

*You are entitled to Enter Number weeks of severance, in the amount of $Enter Amount.*

**\_\_\_\_\_\_ Option # 2: Preferential Rehire and Recall Rights**

Contingent upon your years of service you will have preferential rehire and recall rights.

*You are entitled to Enter Number year(s) of preferential rehire and three (3) years of recall rights.*

|  |
| --- |
| **SIGNATURE** |

**\* If you elect severance pay and later return to work in a career position with the University at the same or higher salary and same percentage of time as the position held at the time of layoff, you will be required to repay to the University the portion of severance pay received that exceeds the time you were laid off. Before returning to work, you must make repayment in full or sign a repayment agreement.**

I, *Enter Employee Name*, elect Option # \_\_\_\_\_\_. I realize that this election is irrevocable.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Employee Print Name Signature Date

Received by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Print Name of Supervisor/HR Representative Signature Date

**Distribution of signed form:**

Original - Department Personnel File

Copy – Employee

Copy - Central HR - Employee & Labor Relations

Copy – Central HR - Talent Acquisition & Diversity Outreach

Copy – Central HR - Benefits

Copy – AFSCME (1280 Palmyrita Avenue, Suite F, Riverside, CA 92507)