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| Employees covered by the University Professional and Technical Employees (UPTE-CWA 9119) Agreement, who receive notice of indefinite layoff may elect, within fourteen (14) calendar days of receipt of notice, one of the following two options. **If you do not select an option by [enter date], you will automatically be given option # 2. Your election must be in writing and is irrevocable**.  |
| **EMPLOYEE ELECTION** |
| I have received a notice of my options regarding severance under the (**RX-TX**) 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 of severance per full year of University service up to a maximum of sixteen (16) weeks. *You are entitled to Enter Number weeks of severance, in the amount of $Enter Amount.***\_\_\_\_\_\_ Option # 2: Preferential Rehire and Recall Rights (Plus Reduced Severance for employees with 5 or more years of University service) \***Contingent upon your years of serviceyou may elect preferential rehire and recall rights with reduced severance. Employees with less than 5 years of service are not eligible for reduced severance but shall retain eligibility for preferential rehire and recall for one (1) year. You are entitled to *Enter Number year(s) of preferential rehire and Enter Number year(s) of recall rights.* *If eligible for reduced severance (5 or more years of service):**Enter Number weeks of reduced severance, in the amount of $Enter Amount.* ***\* Should you be reemployed with the University during the period for which severance is paid, you will be required to repay the excess amount of severance. An employee cannot be returned to work without first repaying the severance or signing a severance repayment agreement.***I, *Enter Employee Name*, elect Option # \_\_\_\_\_\_. I realize that this election is irrevocable. |
|  |  |  |  |  |
| **Employee Print Name**  |  | **Signature** |  | **Date** |

 Employee Election for Severance in Indefinite Layoff – RX/TX Employees

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| Received by: |  |  |  |  |
| **Manager/Supervisor Print Name** |  | **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 – UPTE-CWA 9119 (P.O. Box 5926, Riverside, CA 92517)