A blue text on a black background

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

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| **EMPLOYEE ELECTION** |

Service Unit employees who receive Notice of Indefinite Layoff may elect, within fourteen (14) calendar days of receipt of the Notice, one of the two options below. Your election must be made on this form and is irrevocable. Failure to make an election within 14 days of receipt will result in default to Option 2 (preferential rehire and recall rights).

I have received notice of the two options provided to me under the Service Unit contract, which are: 1.) Severance *in Lieu of* Preferential Rehire and Recall Rights, OR 2.) Preferential Rehire and Recall Rights. I fully understand the two options presented to me and I have elected the following by writing my initials next to the *one* option of my choice:

**\_\_\_\_\_\_** **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.*

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| **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.

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Employee Print Name Employee 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)