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Description automatically generated Employee Election for Indefinite Layoff in Lieu of Indefinite Reduction in Time – PSS Employees

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employees covered by the [Personnel Policies for Staff Members (PPSM)](http://atyourservice.ucop.edu/employees/policies_employee_labor_relations/personnel_policies/index.html) who receive notice of indefinite reduction in time may elect, within fourteen (14) calendar days of receipt of such notice, preference for indefinite layoff in lieu of indefinite reduction in time. **Your election must be in writing and is irrevocable**. | | | | |
| **EMPLOYEE ELECTION** | | | | | |
| I, *Enter Employee Name,* have received notice of my options pursuant to [Personnel Policies for Staff Members (PPSM) Policy 60](https://policy.ucop.edu/doc/4010429/PPSM-60). I fully understand the options presented to me and that I must elect from the following options by (*14 days following receipt of notice*).  **INDEFINITE LAYOFF AS AN ALTERNATIVE TO INDEFINITE REDUCTION IN TIME:**   * I elect not to accept the indefinite reduction in time, and instead, to be indefinitely laid off from my position.   *You are entitled to Enter Number weeks of severance, in the amount of $Enter Amount*.  **INDEFINITE REDUCTION IN TIME:**   * I elect continued employment with UCR, at *Enter Percentage*% of time with severance proportional to the indefinite reduction in time.   You are entitled to $Enter Amount.  For more information, refer to [PPSM 60 – *Layoff and Reduction in Time from Professional and Support Staff Career Positions*.](https://policy.ucop.edu/doc/4010429/PPSM-60)  **You are required to return this form with your election by** (*14 days following receipt of notice*). By signing this document, you indicate that you understand that **the above election is irrevocable**. | | | | |
|  |  |  |  |  |
| **Employee Print Name** |  | **Signature** |  | **Date** |
| Received by: |  |  |  |  |
| **Department Representative Print Name** |  | **Signature** |  | **Date** |

Cc: Original - Department Personnel File

Copy – Employee

Copy - Employee & Labor Relations

Copy - Benefits

Original - Department Personnel File

Copy – Employee

Copy - Employee & Labor Relations

Copy - Benefits