Service Unit (SX) – Temporary Layoff

SAMPLE LETTER ***NOTE TO DEPARTMENT (to be removed from letter)****:*

[Department Letterhead]

PROOF OF SERVICE

DATE: ***NOTE TO DEPARTMENT (to be removed from letter)****: The SX contract requires 15 calendar days’ advance notice to the employee*

TO: (Employee's Name/Title)

ADDRESS:

CITY, STATE, ZIP

RE: Notification of Temporary Layoff

I regret to inform you that due to [budgetary/operational considerations/lack of work/reorganization], it is necessary to place you on temporary layoff. Your temporary layoff is effective [date], and has an estimated return to work date of [if date is certain – must be no later than 120 calendar days from effective date] **OR** [if date is unknown – state return date as 120 calendar days after effective date]. If this date changes, you will be given notice of the new return to work date.

I would strongly encourage you to read AFSCME 2020 - 2024 labor contract Article 16 – Layoff and Reduction in Time, so that you fully understand your rights and obligations. You may also want to review the AFSCME 2020 - 2024 agreement in its entirety or speak with a union representative directly. The contract can be found online at:

<https://ucnet.universityofcalifornia.edu/labor/bargaining-units/sx/contract.html>.

There are important benefits considerations associated with Temporary Layoffs. Employees on temporary layoff may continue, if previously enrolled, in certain group insurance programs. If you have questions regarding UC-sponsored insurance plans, retirement savings plans, or are considering retirement from UC, please contact Benefits via email at [benefits@ucr.edu](mailto:benefits@ucr.edu), to discuss your options.

To continue benefits during your temporary layoff, contact your department leave administrator to arrange to pay premiums directly while you are laid off. Your leave administrator can help if you want to continue Health FSA coverage through COBRA or have questions about canceling your benefits. For any benefits that you cancel, or if you don’t pay the premiums on time, your coverage ends the last day of the last month for which premiums have been paid.

* **Medical, dental, vision and legal:** Contact your leave administrator t**o** arrange to pay your portion of medical and legal plan premiums during the layoff. UC will temporarily extend its contributions to medical, dental and vision premiums up to a total of four months for any Temporary Layoff beginning September 1, 2020 through December 31, 2020.
* Be sure to keep your address and other contact information up to date during the layoff period, since a change in your permanent address may affect your eligibility for HMO plans. You can make those changes online. The procedure for enrolling or disenrolling a family member in plans is unchanged during a temporary layoff.
* Basic Disability, Voluntary Disability and Business Travel Accident coverage ends your last day actively at work before the temporary layoff begins. If you’re enrolled in Voluntary Disability and will continue on pay status after your last active day (for instance, if you’re using accrued vacation) contact your leave administrator.
* At this time, you may want to review your retirement plan contributions and adjust accordingly, if necessary. Information concerning any funds you may have in the Tax-Deferred 403(b) Plan, and the 457(b) Deferred Compensation Plan, can be obtained by contacting Fidelity Retirement Services at 1-866-682-7787, 5 a.m. to 9 p.m., PT, or online at: <http://netbenefits.com>
* As an employee on temporary layoff 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 (EDD). You may also file a claim by calling EDD at 1-800-300-5616 or via the Internet at [www.edd.ca.gov/](http://www.edd.ca.gov/). Additional unemployment information has been included for your reference.

If you have questions regarding your transition to temporary layoff status, please contact [name of HRBP], [title], [department], at 951-827-[XXXX ] or at [email address].

Sincerely,

Name

Title

Department

Attachments: Proof of Service

Unemployment Insurance Resources.

cc: HR Business Partner

Employee and Labor Relations

Human Resources Benefits Department

Department Personnel File

AFSCME

1280 Palmyrita Avenue, Suite F

Riverside, CA 92507

***NOTE TO DEPARTMENT****: The AFSCME contract requires 15 calendar days’ notice in accordance with* [*Article 16.D.2.a.*](https://ucnet.universityofcalifornia.edu/labor/bargaining-units/sx/docs/sx_article_16.pdf) *of the Agreement*. *Therefore, the University must provide a copy of the above letter to AFSCME within one business day along with a Proof of Service form via personal delivery or US Mail at the time the employee is notified. Please also send a copy of the Proof of Service form to Employee and Labor Relations.*