Reduction-in-Force

***Sample RIF Notice to Classified Employee***



This sample is designed to allow you to cut and paste the language onto your agency letterhead and fill in the capitalized words with information specific to your Reduction in Force (RIF). Written notice must be presented to affected classified employees at least 30 calendar days before the effective date of RIF, unless the employer has insufficient funds to make payroll for affected employees during the notice period.

[DATE]

[EMPLOYEE FULL NAME]

[ADDRESS]

[CITY, STATE ZIP]

Dear [EMPLOYEE]:

It is with regret that we inform you that your employment with the [AGENCY] is scheduled to end as a result of a Reduction in Force (RIF), effective at the close of business [DATE]. [AGENCY] is [EXPLAIN REASON FOR RIF] beginning [DATE], and your job function within [AGENCY] will be eliminated because of this RIF.

This separation from employment is based on a RIF plan submitted to the Department of Administrative Services in accordance with State Personnel Board Rule 478-1-.04, *Reduction in Force*. If you wish to review the plan, please contact Human Resources.

If you wish to pursue continued state employment, you will need to apply for and obtain another state position. Information regarding vacancies for positions in state government is available through Team Georgia Careers, which is located at http://team.georgia.gov/careers/. State government employers may also advertise vacant positions on their own web sites.

Please note that this letter serves only as notification of the upcoming RIF and is not a guarantee of employment. In order to remain employed with [AGENCY] through [DATE], you will need to continue to provide high quality service and meet all job expectations. Please recognize also that if you obtain full-time employment elsewhere during this notice period, your employment in your current job would end no later than the start date of your new job.

If you stay in your current job and do not obtain another position with a state government employer by the close of business [DATE], your state employment will end at that time, and your accrued leave balances will be divested. You will be paid for any unused annual leave that you have to your credit, up to 360 hours. If you return to a position eligible for leave benefits with a state government employer within 12 months of this RIF, your divested sick leave will be immediately restored, and you will begin accruing annual leave at the pre-RIF rate. Any record of forfeited leave existing at the time of layoff will be revived. Your divested personal leave balance will also be restored if you return during this calendar year.

[USE THIS SECTION TO INCLUDE INFORMATION ABOUT THE EMPLOYEE’S BENEFITS RIGHTS AND CONTINUATION OPTIONS, INCLUDING HEALTH INSURANCE, FLEXIBLE BENEFITS INSURANCE AND RETIREMENT BENEFITS.]

As a classified employee, you have the right to file an appeal, as described in State Personnel Board Rule 478-1-.27, *Appeals and Hearings for Classified Employees*, if you believe that this RIF was not implemented in accordance with State Personnel Board Rule 478-1-.04, *Reduction in Force*. Any appeal must be filed in writing with the Office of State Administrative Hearings, 225 Peachtree Street NE, Suite 400, Atlanta, GA 30303, and must be postmarked no later than [DATE].

We thank you for your dedicated service to [AGENCY] and extend our best wishes to you. My staff in Human Resources is available to support you during this notice period with job search and benefits consultation and can answer any questions you may have about other information within this notice. Please contact us at [PHONE NUMBER], or come by [ADDRESS], if we can assist.

 Sincerely,

 [AGENCY REPRESENTATIVE NAME]

 [TITLE]

c: Personnel File