State Personnel System

Transition for Career Service Employees Program Manual

Division of Human Resource Management

Revised June 29, 2017

Department of Management Services HRM #2017-007
# TABLE OF CONTENTS

**INTRODUCTION** ................................................................................................................. 4  
**THE WORKFORCE TRANSITION PLAN** ............................................................................. 4  
**THE WORKFORCE TRANSITION TEAM** ............................................................................ 5  
**THE COMMUNICATION PLAN** ............................................................................................ 6  
**AGENCY ASSESSMENTS** .................................................................................................... 7  
**EMPLOYEE ASSESSMENTS** ................................................................................................. 8  
  Career Service Employees ........................................................................................................ 8  
  Law Enforcement, Correctional Officers, Firefighters and Professional Health Care Employees ................................................................. 9  
**EMPLOYMENT PLACEMENT STRATEGY** .......................................................................... 10  
  Internal Placement Assistance within the State Personnel System ........................................ 10  
  External Placement Assistance ............................................................................................... 11  
**EMPLOYEE RESPONSIBILITIES** .......................................................................................... 13  
**RECORD KEEPING** ............................................................................................................. 13  
**APPENDICES** ..................................................................................................................... 14  
  Appendix A - Sample Workforce Transition Plan ................................................................. 14  
  Appendix B - Sample Workforce Transition Plan - Activities ............................................. 17  
  Appendix C-1 - Sample Notification to Potentially Affected Employees .......................... 19  
  Appendix C-2 - Sample Notification to Affected Employee .................................................. 20  
  Appendix C-3 - Sample Offer of Employment ........................................................................ 21  
  Appendix C-4 - Sample Final Notice of Layoff for Career Service Employees .................. 22  
  Appendix D - Notification to the Department of Management Services and Collective Bargaining Agent of Pending Layoff ................................................................. 23  
  Appendix E - Accumulated Leave and Insurance Options for Career Service Employees Following Layoff ......................................................... 24  
  Appendix F - Personal Interest Form ...................................................................................... 25  
  Appendix G - Information Sheet for Career Service Employees Being Laid Off ............... 27
Appendix H - Government Website List .................................................................35
Appendix I - Placement Activities Checklist .......................................................36
Appendix J - Sample Candidate Information Transmittal Template.....................37
Appendix K - Sample Selected Exempt Service Employee Notice .......................39
Appendix L - Sample Senior Management Service Employee Notice ..................40
INTRODUCTION

The State Personnel System (SPS) is committed to successfully transitioning Career Service (CS) employees who are impacted by a layoff and other employees who are terminated due to budget reductions, program reductions or other such actions. To this end, it is vital that each agency develop a Workforce Transition Plan as a uniform course of action to ensure that agency services to the public are not disrupted and that adversely affected employees receive timely and relevant communication and assistance during the transition process.

This guide is designed to assist the agencies in:
- Developing a Workforce Transition Plan;
- Forming a Workforce Transition Team; and
- Assisting employees with transitioning into new employment opportunities.

**Note: Selected Exempt Service and Senior Management Service Employees**

Sections 110.403 and 110.604, Florida Statutes (F.S.), state that Selected Exempt Service (SES) and Senior Management Service (SMS) employees serve at the pleasure of the agency head. Although these employees are being separated due to budgetary reasons, the term “layoff” is not applicable and they have no retention rights. However, agencies are encouraged to provide assistance to all affected employees in the manner deemed appropriate by the agency. Sample letters which may be used to provide notification of separation to SES and SMS employees are included in the Appendix to this guide.

THE WORKFORCE TRANSITION PLAN

The purpose of a workforce transition plan is to establish a uniform course of action for agencies when a layoff is necessary. This may occur as a result of budget changes in authorized filled or vacant positions, program reductions resulting from outsourcing or privatization efforts, program phase-outs, elimination of grants, or other actions.

A plan is intended to ensure that agency services to the public and to agency employees are not disrupted as a result of a layoff, and to ensure that adversely affected employees receive timely and relevant information.

Workforce Transition Plans (Appendix A) must be approved by the Department of Management Services, Division of Human Resource Management (DMS/HRM) and are to include the following:

- A listing of the members of the Workforce Transition Team;
- A communications plan to notify all employees about a layoff, and to notify unions, the DMS/HRM, the Department of Economic Opportunity’s Reemployment and Emergency Assistance Coordination Team (DEO/REACT), the Regional Workforce Board(s), other state agencies, and community resources;
- An assessment for determining the positions to be deleted and retained;
- An assessment of the layoff’s impact on the agency, if applicable;
- An employee assessment process;
• A strategy for assisting adversely affected employees, including re-employment and retraining assistance; and
• A system to track placement activities.

There is no specific schedule for reviewing a workforce transition plan. However, prior to an impending layoff, agencies should review and submit a revised plan for approval if changes have been made.

THE WORKFORCE TRANSITION TEAM

The Workforce Transition Team’s purpose within the agency is to facilitate the orderly transition of employees in the event of a layoff.

The team’s membership should include key leaders in Administration, Human Resources, Communications, Legal, and the affected divisions and bureaus. In the event of outsourcing or privatization of an agency function, the Workforce Transition Team should also include a representative of the contractor.

The Workforce Transition Team should consider the following:

• Identifying any administrative actions prior to beginning the workforce transition process, such as a temporary hiring freeze, in order to place adversely affected employees;
• Evaluating programmatic needs to accomplish the agency’s core mission;
• Scheduling informational meetings with agency employees regarding program changes;
• Providing appropriate notification to adversely affected employees, applicable collective bargaining agents, and the DMS/HRM;
• Identifying alternative employment opportunities for adversely affected employees;
• Updating the Workforce Transition Spreadsheet to include adversely affected employees (Required). The Workforce Transition Spreadsheet can be found on the DMS/HRM website http://www.dms.myflorida.com/workforce_operations/human_resource_management/for_state_hr_practitioners/layoff
• Tracking the Workforce Transition Plan (Appendix B);
• Utilizing information in the human resource information system (People First) to identify available positions in other agencies;
• Notifying and coordinating with the DEO/REACT and the Regional Workforce Board(s) to assist adversely affected employees; and
• Coordinating with the SPS provider for Employee Assistance Program (EAP) needs.
THE COMMUNICATION PLAN

Communication is a key factor in the success of a workforce transition. All employees should be informed about the process. Communications regarding agency staffing changes must be initiated as early as possible, continuous, and open and honest to both adversely affected and remaining employees. Clear avenues for employees to seek and obtain information and assistance must be established. Morale will benefit from management’s candor and commitment to supporting adversely affected employees.

The communications plan should include, but is not limited to:

• Written notice to affected employees of a layoff or termination in accordance with applicable statutes, Rule 60L-33.004(4), Florida Administrative Code (F.A.C.), Rule 55A-7.015(1) F.A.C., and collective bargaining agreements (Appendix C – Sample Letters);

• A process for notifying DMS/HRM and collective bargaining agents of any pending layoff (Appendix D);

• A process for providing affected CS employees information regarding options they may have regarding their accumulated leave and insurance following layoff. This includes providing a means for the employee to inform the agency of the options they have selected (Appendix E);

• A process for providing information on the layoff through timely e-mails, town hall meetings, website updates, and meetings with team representatives. The plan may include interfacing with local news media, local employers, and other interested parties;

• Information regarding employment placement assistance, employee assistance program counseling, continuation of benefits, and other pertinent information;

• Meetings with affected employees to explain the workforce transition process;

• A process for communicating employment related services available through the Department of Economic Opportunity and the Regional Workforce Board(s); and

• Information regarding the employee’s responsibility during the workforce transition process.
AGENCY ASSESSMENTS

Each organizational unit within an agency must assess the functions it currently performs to identify which functions are essential to the agency’s core mission. Position reductions should first target those functions deemed less essential to the agency’s core mission. During this process, consideration must be given to:

- State and federal requirements related to each program area;
- The priorities and goals of the agency;
- Functions that are not part of the core mission;
- The organizational structure needed to accomplish the core mission;
- The necessary knowledge, skills, and abilities of remaining employees to accomplish the core mission;
- The fiscal/budgetary responsibilities; and
- The current year’s General Appropriations Act (GAA).

If the layoff involves law enforcement, correctional officers, firefighters, or professional health care employees, the agency must also:

- Identify the competitive area. The competitive area is the area within the agency in which the layoff will be conducted and in which affected employees may exercise retention rights to reassignments and demotions:
  - Consider similarity of work, which may include special qualifications required for positions, the organizational unit, and the commuting area for the affected workers.
- Identify positions for selective competition. Selective competition is the process of excluding positions within the competitive area of the layoff due to unique or specific qualifications associated with those positions which differentiate them from other positions in the class or occupational level:
  - Consider unique or specific position qualifications and/or knowledge, skills and abilities as identified on the position description that differentiate them from other positions in the class or occupational level.
- Plan for the calculation of retention points.
  - Ensure veterans’ preference points are included for those in CS positions.
- Assess the effect of “bumping” within the competitive area.
EMPLOYEE ASSESSMENTS

Employee assessments are a critical element of the workforce transition process. Agencies should ensure that employee assessments are conducted in accordance with applicable statutes, rules and collective bargaining agreements.

If applicable, the agency shall credit the amount of time the veterans’ preference-eligible employee served on active duty in the U.S. Armed Forces as years of services with the employer for the purposes of determining seniority, Rule 55A-7.015(2) F.A.C.

Career Service Employees

This section applies to all CS employees with the exception of law enforcement, correctional officers, firefighters, and professional health care employees. In accordance with section 110.227, F.S., and Rule 60L-33.004, F.A.C., consideration must be given to the comparative merit, demonstrated skills, experience, and length of service in the SPS when evaluating employees for a layoff. Comparative merit is the comparison of employees' value, in relation to each other, taking into consideration overall performance, skills, experience and the ability of the employee to accomplish the mission and goals required of the residual program area.

It is recommended that employee performance reviews be completed for all employees who have not been reviewed within the last twelve months or have not been reviewed since a major change in the duties and responsibilities of their respective positions. Factors such as initiative, fairness, cooperation, respect, commitment, honesty, excellence, and teamwork may be considered when determining comparative merit.

Consider the employee’s performance factors. For example, does the employee:

- Demonstrate commitment to the agency’s mission and goals by improving the value and quality of services?
- Demonstrate commitment to creating a more effective and efficient government?
- Continually improve the way business is conducted by reducing process time, outputs, and/or desired results?
- Demonstrate initiative?
- Meet or exceed job expectations consistently?
- Demonstrate leadership?
- Display cooperation, fairness, and objectivity when working with others inside and outside the agency?
- Demonstrate respect for other employees, superiors, and the public?
- Demonstrate excellence in producing quality work products?
- Communicate effectively with others inside and outside the agency?
- Demonstrate accountability, reliability, and integrity in accomplishing tasks?
- Contribute to and work well within a team?
- Have any recent disciplinary issues that will impact his or her ability to accomplish the
mission and goals of the residual program?

An evaluation may also be conducted of the demonstrated skills and abilities of each employee as they relate to the skills required to accomplish the mission and goals of the residual program.

Consider the employee’s experience, skills and abilities. For example, does the employee:

- Have relevant and sufficient experience necessary to accomplish the mission and goals of the residual program area?
- Have required skills and abilities to accomplish the mission and goals of the residual program area?

Identify the related, educational, public, and private work experience of each employee. Review the personnel file for prior experience and knowledge, skills, and abilities and interview the employee, if appropriate.

Ensure that federal and state compliance requirements are observed:

- All applicable federal or state regulations and requirements including Veterans’ Preference, Equal Employment Opportunity, and the Americans with Disabilities Act must be observed.

For agencies using a non-numeric system for layoffs, the application of Veterans’ Preference must be in accordance with section 295.07, F.S., and Rule 55A-7.015, F.A.C. (See Program Guideline entitled Administration of Veterans’ Preference in the Career Service.)

**Law Enforcement, Correctional Officers, Firefighters and Professional Health Care Employees**

In accordance with section 110.227(3), F.S., and respective collective bargaining agreements, layoffs involving law enforcement, correctional officers, firefighters and professional health care employees shall be conducted within the competitive area. The agency must request, in writing, approval from the DMS for the competitive area. The request must include a list of affected occupations, broadband codes, position numbers, location, collective bargaining unit(s), and written rationale.

The agency’s layoff procedures should include a process for determining the relative merit and fitness of employees and a formula for uniform application among all employees in the competitive area, taking into consideration the type of appointment, the length of service (including veterans’ preference service requirements), and the evaluations of the employee’s performance within the last five (5) years of employment. More detailed procedures on how to affect the layoff are contained in Article 8 of the appropriate collective bargaining agreement.

EMPLOYMENT PLACEMENT STRATEGY

Preparation

It is the state’s and each agency head’s goal to provide assistance with job searches, training, and placement assistance to all employees who are affected by a pending layoff.

The agency’s strategy for placing affected employees should involve those employees, encouraging them to be active in the process of finding future employment. The Workforce Transition Team members should be available to assist these employees and to answer their questions about the workforce transition process, sources of job vacancies and other community resources.

The SPS EAP will be available to provide counseling services to employees needing assistance and support.

Outsourcing or Privatization

In accordance with section 287.0571(5)(h), F.S., contractors and subcontractors are required to interview and consider for employment each affected employee who is interested in such employment. Agencies are to facilitate this process by ensuring that affected employees are provided this opportunity.

Employee placement strategies will include the following:

**Internal Placement Assistance within the State Personnel System** - Efforts should be made to retain valued employees affected by a layoff. Every effort should be made to identify vacant positions and match the adversely affected employee’s skills with the requirements of available vacant positions.

At the beginning of the notification process, affected employees are to be provided with a packet of information to include the following:

- Personal Interest Form ([Appendix F](#));
- Benefits information – the agency is to include current insurance premiums on the Information Sheet for Career Service Employees Being Laid Off ([Appendix G](#)). This information should also be included with any final notices of layoff or termination.
  - NOTE: For additional guidance on DROP participants affected by a layoff, refer to the DMS/HRM Program Guideline entitled [Deferred Retirement Option Program (DROP)](#).
- **Employee Assistance Program** (EAP) information;
- When applicable, notification of bumping rights and information regarding the position to which they will bump based on their points; and
- When applicable, employment opportunities with the outsourcing contractor.

Other information that may be included:

- Community Resource Guide (contact information for local services such as family crisis, credit counseling, support groups, telephone counseling, etc.);
Government websites (listing of government websites that provide information on benefits, job searches, reemployment assistance, etc.) (Appendix H);

Information regarding services offered by the DEO/REACT program and by the Regional Workforce Board(s) to include training opportunities;

Notice of right of first interview –
  o In accordance with Rule 60L-33.004(3), F.A.C., a CS employee who has met the probationary requirements of their current position and is facing layoff shall have an opportunity for first interview within any agency for a CS vacancy for which the employee is qualified (meets the knowledge, skills and abilities required for the position), has applied for and has provided a copy of their layoff letter. The recommended method for notifying the hiring authority is for the candidate to provide an answer of ‘yes’ to the career service first right of interview application question and then provide a copy of the official layoff letter as an attachment when applying on-line for a position. All documentation should be submitted by the close of the vacancy announcement.
  o As a rule of thumb, an agency may accept a layoff letter up to one calendar year from the effective date and may give the candidate a reasonable amount of time to provide the required documentation if not received when submitting their profile/resume.

A guide on how to prepare a resume;

A list of state government human resource offices; and

A list of employers covered under the Florida Retirement System.

Individuals assigned to assist adversely affected employees should have access to all layoff regulations and manuals, access to advertised state government job vacancies, and the address and phone numbers of the Regional Workforce Board(s), found at http://careersourceflorida.com/regional-team/. They should also review the following and record the appropriate information on the Placement Activities Checklist (Appendix I):

People First candidate profile (if not already provided, the employee may complete online at http://jobs.myflorida.com or print a copy of his/her master profile). Employees may also print a hard copy if necessary;

Employee’s resume;

Personal interest form;

Mobility;

Level of job the affected employee is seeking;

Promotion opportunities;

Demotion opportunities;

Reassignment opportunities;

Lateral opportunities;

Veterans’ Preference (DD214 and/or other verifying material. For additional information go to Veterans’ Preference Document Requirements);
• Positions for which the affected employee is qualified;
• Candidate Information Transmittal Template (Appendix J) which may be used to transmit potential candidate information to other SPS employing agencies;
• Website for the state vacancy listings http://jobs.myflorida.com.
• Where applicable, bumping rights and information regarding the position to which the employee will bump based on their points; and
• When applicable, employment opportunities with the outsourcing contractor.

All reasonable steps should be taken to place laid off employees in existing vacancies within the SPS. As a good business practice, assistance in job placement should be provided for all adversely affected employees.

**External Placement Assistance** - If the employee cannot be placed internally, the agency will work with the DEO/REACT program to help place adversely affected employees in other state agencies, local government or the private sector through their existing programs and in accordance with their Rapid Response Plan. The DEO/REACT in cooperation with local Regional Workforce Board(s) will assist agencies in mobilizing resources to provide assistance to these impacted state employees. The earlier this process begins the greater opportunity for success. An early start also minimizes the potential for disruption of the state’s business.

The DEO/REACT coordinates assistance for state employees through Regional Workforce Board(s) and their Career Centers. Rapid response assistance for dislocated state employees may include:

• Sending employees information on job placement assistance and other local Career Center services;
• Sending candidate profiles to agencies with openings;
• Soliciting jobs from private, city and county governmental agencies;
• Providing assistance in resume writing and in completing candidate profiles;
• Conducting follow-ups on job interviews and offer assistance;
• Arranging local informational sessions;
• Providing information on filing for Reemployment Assistance;
• Providing information on dealing with change;
• Providing referrals to the nearest Career Center;
• Providing website addresses with job openings;
• Identifying employment opportunities for affected employees;
• Completing reemployment transitional surveys;
• Entering resume information into skill data banks; and
• Conducting job fairs.

When the DEO/REACT receives notice of a state layoff, the DEO/REACT coordinates with the affected agency, the area Regional Workforce Board(s), and the local Career Centers.
The state agency may help in facilitating the rapid response activities by:

- Providing DEO/REACT, if possible, with a 60-day advance notice of layoff;
- Identifying state and local level agency contacts;
- Completing the Workforce Transition Spreadsheet and forwarding it to DEO/REACT with a copy to DMS/HRM as soon as practicable after the adversely affected CS employees are identified for layoff;
- Providing copies of resumes and candidate profiles of affected employees;
- Identifying the EAP provider and EAP benefits;
- Identifying facilities for temporary re-employment office(s);
- Arranging time and facilities for employees' informational sessions; and
- Providing periodic updates on the layoff status of affected CS employees to DEO/REACT and DMS/HRM using the Workforce Transition Spreadsheet.

The DEO/REACT Central Office associates respond by:

- Serving as a liaison between the affected department’s human resource office and the appropriate Regional Workforce Board(s); and
- Ensuring that affected employees are notified of the resources and placement assistance offered by their local Regional Workforce Board(s) and Career Centers.

Additional information regarding the services provided by DEO/REACT can be found on the DEO website at:

**EMPLOYEE RESPONSIBILITIES**

Employees should be actively engaged in job search activities by:

- Working with their agency human resource office and the Regional Workforce Board(s);
- Reviewing job advertisements on a regular basis;
- Notifying their human resource office of all scheduled employment interviews.

**RECORD KEEPING**

Records in the format provided by the DMS/HRM, are to be kept for all employees impacted by a layoff. These include:

- The agency’s Workforce Transition Plan;
- Input and maintenance of the Workforce Transition Spreadsheet; and
- Agency’s Workforce Transition Plan activities tracking.
APPENDIX A – SAMPLE

WORKFORCE TRANSITION PLAN

for

DEPARTMENT OF [insert name of department]

It is the goal of this agency to provide assistance to each employee who is affected by a pending layoff with job searches, training and placement in a new job. Toward that end, we have created this Workforce Transition Plan to ensure every effort is made to provide a smooth transition for our adversely affected employees.

Workforce Transition Team

The agency’s Workforce Transition Team will be comprised of the following persons: [list your agency team - names and titles]

An example of an Agency’s team is as follows:

[name], Deputy Secretary  
[name], Director, Division of Administration  
[name], Director of Human Resources  
[name], Communications Director  
[name], Budget Director  
[name], Legal  
[name], Labor Relations  
[name], Department of Economic Opportunity, Reemployment and Emergency Assistance Coordination Team (DEO/REACT) Program  
[name], Employee Assistance Program provider, if appropriate  
[name], Division Director(s) of affected division(s) (optional, as needed)  
[name], Bureau Chief(s) of affected bureau(s) (optional, as needed)  
[name], Agency Contact and phone number  
[name], Job Transition Representative  
[name], Private Contractor, if applicable

Communications Plan

For example:

The agency will provide open, honest and continuous communication to both affected and non-affected employees regarding agency staffing changes, as well as provide clear avenues for employees to seek and obtain information and assistance.
Assessment of the positions to be deleted and the mission and goals of the residual program

Identify positions and programs and/or services to be affected.

For example: To meet fiscal obligations, the agency must eliminate XXX positions. These positions are located within the program area(s) of YYY and ZZZ.

The agency has reviewed our mission, goals, objectives and service outcomes to determine which functions are required and those that are not a part of the core mission. During this process, consideration was given to:

- The state and federal requirements related to each administrative area.
- The priorities and goals of the agency.
- The components that are not a part of the core mission.
- The organizational structure needed to accomplish the core mission.
- The knowledge, skills and abilities the remaining employees must have in order to accomplish the core missions.

All efforts will be made to minimize impacts to customers and continue to focus on agency priorities and goals.

Assessment of the Employees (review for collective bargaining impact)

Identify how comparative merit, demonstrated skills, experience, and length of service of employees will be determined.

For example:

- The agency will review the employees’ performance expectations, completed performance evaluations and other documentation that supports the employees’ performance.
- If the employee has not been rated within the last twelve months or since a major change in duties and responsibilities of their position, a new evaluation will be completed.
- In addition, the elements of initiative, fairness, cooperation, respect, commitment, honesty, excellence, and teamwork will be evaluated for all employees within the program area.
- The agency will evaluate the skills of each employee as they relate to the skills required to accomplish the mission and goals of the residual program or will conduct a work sample to evaluate new skills that may be required.
- The agency will have each employee complete a candidate profile and/or resume to identify related personal, educational and public or private work experience.
- If applicable, the agency shall credit the amount of time the preference-eligible employee served on active duty in the U.S. Armed Forces as years of services with the employer for the purposes of determining seniority, Rule 55A-7.015(2) F.A.C.
- The agency will review the completed performance evaluations, and skills demonstrated, along with the completed profiles and/or resumes. This information will be used to compare the employees’ value in relationship to other employees, taking into consideration the overall performance, skills, experience and ability of each employee to accomplish the mission and goals required in the residual program area.

**Placement Strategy**

**For example:**

We will work with the Department of Economic Opportunity’s Reemployment and Emergency Assistance Coordination Team (DEO/REACT), in cooperation with Regional Workforce Board(s), the Department of Management Services, Division of Human Resource Management (DMS/HRM), other state agencies, and private industry, to provide placement assistance to affected employees.

**Strategy for Monitoring Placement Efforts**

**For example:**

The agency will monitor internal and external placement efforts by inputting required data relative to affected employees in the Workforce Transition Spreadsheet, and provide updates as events occur.

**Workforce Transition Team Responsibilities**

The Workforce Transition Team of the Department of [insert name of department] is responsible for overseeing and administering the layoff and employee transition. The Workforce Transition Plan will be used as a record of each individual step in the transition process.
### APPENDIX B – SAMPLE

**WORKFORCE TRANSITION PLAN – ACTIVITIES**

<table>
<thead>
<tr>
<th>TASK</th>
<th>DATE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Job Transition Preparation</strong></td>
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<tr>
<td>Submitted or updated Workforce Transition Plan and approved by DMS/HRM</td>
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<tr>
<td>Identified vacant positions</td>
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<tr>
<td>Reviewed and/or established the mission and goals for any residual unit</td>
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<tr>
<td><strong>Communication Plan</strong> (effecting the plan)</td>
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<tr>
<td>Information provided to agency employees</td>
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<tr>
<td>Notice to adversely affected employees (including benefit information)</td>
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<td></td>
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<tr>
<td>DMS/HRM notified</td>
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<td></td>
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<tr>
<td>Applicable union(s) notified</td>
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<tr>
<td>DEO/REACT notified</td>
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<td></td>
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<tr>
<td>Emails, websites, Intranet updates utilized</td>
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<td></td>
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<tr>
<td>Newsletters utilized</td>
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<td></td>
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<tr>
<td>Personal visits, town meetings, and informational meetings completed</td>
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<td></td>
</tr>
<tr>
<td>News media utilized</td>
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<tr>
<td>Coordinated with EAP provider</td>
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<tr>
<td><strong>Determination of Comparative Merit, Length of Service, Experience and Skills – Career Service positions excluding law enforcement, correctional officers firefighters and professional health care employees</strong></td>
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<td></td>
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<tr>
<td>Reviewed employees’ performance expectations and completed performance evaluations</td>
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<tr>
<td>Completed new evaluation if employee has not been rated within the last twelve months or since a major change in duties/responsibilities of their position</td>
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<tr>
<td>Evaluated the demonstrated skills of each employee as they relate to the skills required to accomplish the mission and goals of the residual program.</td>
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<tr>
<td>Received each employee’s candidate profile and/or resume to identify related educational and public or private work experience</td>
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<tr>
<td>Documented employee eligibility of veterans’ preference in retention, Rule 55A-7.015(1) F.A.C.</td>
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<tr>
<td>Reviewed completed performance evaluations and demonstrated skills, along with completed profiles and/or resumes</td>
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<tr>
<td>Compared the employees’ value in relationship to other employees, the employee’s overall performance, skills,</td>
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</tbody>
</table>
## WORKFORCE TRANSITION PLAN – ACTIVITIES

<table>
<thead>
<tr>
<th>TASK</th>
<th>DATE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>experience, and ability to accomplish the mission and goals required of the residual program area</td>
<td></td>
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</tr>
<tr>
<td>Calculated employees’ length of service in the SPS</td>
<td></td>
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<tr>
<td><strong>Determine Retention Points - Law Enforcement, Correctional Officers, Firefighters and Professional Health Care Unit Employees</strong></td>
<td></td>
<td></td>
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<tr>
<td>Follow applicable collective bargaining agreement</td>
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<tr>
<td>Placement Strategy</td>
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<td></td>
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<tr>
<td>Assessed KSAs</td>
<td></td>
<td></td>
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<tr>
<td>Identified internal agency placement opportunities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contacted and coordinated with DEO/REACT and Regional Workforce Board(s)</td>
<td></td>
<td></td>
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<tr>
<td>Contacted local employers</td>
<td></td>
<td></td>
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<tr>
<td>Monitoring Placement Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entered initial data in Workforce Transition Spreadsheet and submitted it to DEO/REACT and DMS/HRM as soon as practicable after the affected CS employees are identified for layoff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Updated Workforce Transition Spreadsheet and submitted it to DEO/REACT and DMS/HRM as necessary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX C-1 – SAMPLE

NOTIFICATION TO POTENTIALLY AFFECTED EMPLOYEES

<Date>

<Name>
<Address>
<City, State, Zip Code>

Certified Mail
Return Receipt Requested or Hand Deliver

Received by: ____________________
Witness: ________________________
Date: _________________________

Dear <Name>:

Changes in the <department/division/bureau>’s budget have made it necessary to reduce the number of department positions. The position(s) to be deleted has/have not been determined at this time. We are informing you of this necessity prior to beginning the formal layoff process.

Once the position(s) to be deleted is/are determined, you will be notified. If your position is affected.

If you have any questions concerning this action, please call <contact person> at <phone number>.

Please be assured that the department will do as much as possible to assist affected employees in securing continued employment.

<closing>

cc: Personnel File
APPENDIX C-2 – SAMPLE

NOTIFICATION TO AFFECTED EMPLOYEE

<Date>

<Name>

<Address>

<City, State, Zip Code>

Dear <Name>:

Recent changes in our budget make it necessary to reduce the number of positions at [agency]. With regret, I must inform you that your position will end at the close of business, [weekday, date].

Please be assured that our team will do as much as possible to help you find another job. To help us with this process, please do the following:

- Complete the attached personal interest form.
- Create or update a candidate profile. If you do not already have an account, one can be created at http://jobs.myflorida.com. When you have created your account you can create or update a candidate profile and save it. It can then be used to apply for vacancies online or you can print a hard-copy version if needed.
- Send both forms to the Human Resource Office within seven (7) days of receiving this letter.

You may also receive support through the Department of Economic Opportunity’s Reemployment and Emergency Assistance Coordination Team (REACT). REACT provides employment assistance services to you at no cost. Call 1-866-352-2345 or visit the REACT website at http://www.floridajobs.org/office-directory/division-of-workforce-services/workforce-programs/reemployment-and-emergency-assistance-coordination-team-react for more information.

Again, I regret having to take this action. If you have any questions, please call the Human Resource Office at [phone].

<closing>

Attachments

cc: Personnel File
APPENDIX C-3 – SAMPLE

OFFER OF EMPLOYMENT

<Date>                                      Certified Mail
Return Receipt Requested or
Hand Deliver

<Name>                                      Received by: ______________________
<Address>                                    Witness:__________________________
<City, State, Zip Code>                     Date:___________________________

Dear <Name>:

This is in reference to our letter to you dated <date>, in which you were advised that your position would be deleted and that you could request placement assistance.

Pursuant to your request dated <date>, this is to advise you that you are being offered a <reassignment, promotion or demotion> with <probationary or permanent> status to the occupation of <occupation title> with a base rate of pay of <amount>. If you would like to accept this offer, you should report for work in this position on <date> at <time> to:

  <name of supervisor>
  <address/location>
  <city>

Please indicate your acceptance or rejection of this offer by checking the appropriate box below and returning this letter with your signature to <contact person> in the Human Resource office within seven (7) days. Failure to accept or respond to this offer within seven (7) days will result in its being withdrawn and offered to someone else. Should you decline this offer, please note that the Agency has met its obligation to assist you in locating employment.

I sincerely hope that your new assignment will be challenging, as well as personally rewarding. If you have any questions, please call <contact person> at <phone number> in the Human Resource office.

<closing>

cc: Personnel File

Accept □  Reject □  ___________________________  ___________________________
Employee’s Signature  Date
APPENDIX C-4 – SAMPLE

FINAL NOTICE OF LAYOFF FOR CAREER SERVICE EMPLOYEES

<Date>                                      Certified Mail
Return Receipt Requested or
Hand Deliver

{Name}
<Address>
<City, State, Zip Code>

Received by: ____________________________
Witness: ______________________________
Date: _________________________________

Dear <Name>:

This is official notice that you are being laid off from the department effective the close of business on <date>. This action is taken as a result of the <example: budget reductions> which have made it necessary to reduce the number of department positions. Consequences of a layoff are not disciplinary actions and therefore cannot be appealed.

To assist you in locating other employment, you will be entitled to the right of first interview within any State Personnel System (SPS) agency for a vacancy to which you apply, provided you meet the knowledge, skills and abilities required for that position. When applying for such vacancies, you must advise the agency with the vacancy that you were laid off by answering “Yes” to the Career Service (CS) First Right to Interview section of the on-line application process and attaching a copy of your layoff letter at the Attach Files section during the submission process.

If you have not submitted a candidate profile and the personal interest form, please complete the attached form and return it along with a candidate profile to the Human Resource Office within seven (7) days of receipt of this letter. The mailing address is: Human Resource Office, <address>.

Additional placement support is available through the Department of Economic Opportunity’s Reemployment and Emergency Assistance Coordination Team (DEO/REACT). REACT works statewide with Regional Workforce Board(s) and other local community partners to arrange assistance for dislocated workers. Services include job placement, resume preparation, interviewing skills, reemployment assistance claims information, labor market and career guidance information, relocation assistance, counseling, community resource workshop, career training and referral to community support programs. For additional information regarding REACT services you should call 1-866-352-2345 or visit the REACT website at: http://www.floridajobs.org/office-directory/division-of-workforce-services/workforce-programs/reemployment-and-emergency-assistance-coordination-team-react or for a listing of your local Regional Workforce Board Office visit their website at http://careersourceflorida.com/regional-team/.

Also, attached is an information sheet for terminating CS employees that provides information regarding insurance and benefits options and an options form relating to accumulated leave and insurance benefits. Please complete the option form and return it to the Human Resource Office for processing within seven (7) days.

We regret the necessity of taking this action. If you have any questions, please call <contact person> at <phone numbers>.

<closing>

Attachments

cc: DEO/REACT
Personnel File
APPENDIX D – SAMPLE

NOTIFICATION TO THE DEPARTMENT OF MANAGEMENT SERVICES AND COLLECTIVE BARGAINING AGENT OF PENDING LAYOFF

<date>

Workforce Design and Compensation Manager
Division of Human Resource Management
Department of Management Services
Suite 235
4050 Esplanade Way
Tallahassee, Florida 32399-0950

Dear _______________:  

This is to advise you that (#) filled Career Service position(s) in the <department/division/bureau/office> will be deleted effective <date>. This action is necessary due to <reason>.

<table>
<thead>
<tr>
<th>Position No.</th>
<th>Broad Band Code/Class Code</th>
<th>Broad Band Title/Class Title</th>
<th>Union</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Or attach list)

The agency’s workforce transition team will be comprised of <list members> and the recruitment staff. The team will meet regularly with the adversely affected employee to discuss placement options. We will work with the Department of Economic Opportunity’s Reemployment and Emergency Assistance Coordination Team, (DEO/REACT) staff in cooperation with Regional Workforce Board(s), other local community partners, the Department of Management Services, Human Resource Management (DMS/HRM), and other state agencies to provide placement assistance to the affected employee(s) as needed. This assistance will be provided as specified in our agency Workforce Transition Plan.

Pursuant to Article 8 of the applicable collective bargaining agreement(s), by copy of this letter we are notifying the affected employee organizations of this anticipated layoff and requesting that they contact <contact name> at <phone number> if they wish to meet to discuss the effect of the layoff on the employees involved.

(Note: Article 8 of the AFSCME Master Contract does not provide the notification requirement written in the paragraph above. Therefore, that paragraph is relevant only to non-AFSCME collective bargaining units. If the layoff only affects AFSCME covered employees, the above paragraph should be omitted from the letter and AFSCME provided a courtesy copy of the letter.)

If you need further assistance or have any questions, please call me at <telephone number>.

<closing>

cc: Respective Collective Bargaining Unit Agents
General Counsel, Department of Management Services
DEO/REACT
APPENDIX E – SAMPLE

ACCUMULATED LEAVE AND INSURANCE OPTIONS FOR CAREER SERVICE EMPLOYEES FOLLOWING LAYOFF

1. I request payment of annual leave.

2. I request that annual leave be held in abeyance, up to one year pending reemployment.

3. I request payment of sick leave.

4. I request that sick leave be held in abeyance, up to one year pending reemployment.

5. I request continuation of the State Health and Life Insurance

NOTE: By checking this box, you are notifying the agency of your intent to continue these benefits. You will be sent a layoff packet from the People First Service Center explaining your rights and obligations with regard to keeping your benefits active.

Signature of Employee ________________________________ Date ______________________

People First ID Number: ______________________________

RETURN THIS FORM TO THE HUMAN RESOURCE OFFICE
APPENDIX F – SAMPLE

PERSONAL INTEREST FORM

Please Type or Print Clearly

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Street Address</th>
<th>City</th>
<th>County</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(Area Code) Telephone Number</th>
<th>(Area Code) Office Telephone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current Job Title (Class Title)</th>
<th>Position Number</th>
<th>Program/Location</th>
</tr>
</thead>
</table>

List other job titles (class titles) for which you qualify and would consider accepting:

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________

Would you consider relocating to another area of the state? (Check one)

☐ YES  ☐ NO

If yes, list the counties you would consider:

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________

Would you consider employment with another state or local government agency? (Check one)

☐ YES  ☐ NO

If yes, please indicate which agencies below:

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________

*(Please complete both pages of this form)*
PERSONAL INTEREST FORM (continued)

VETERANS’ PREFERENCE CERTIFICATION

Date: __________________ Name: _______________________________________________

Section 295.07(1), Florida Statutes, provides for Veterans’ Preference in employment appointment and retention, if qualified under one of the following categories, and not exempt under Section 295.07(4), Florida Statutes. Section 295.09, Florida Statutes, also provides Veterans’ Preference for reinstatement, reemployment, and promotion. If you seek Veterans’ Preference, please “check” the appropriate box, and provide this form and documentation of your status with your employment application, no later than the position advertisement closing date.

I certify that I am qualified to claim Veterans’ Preference under the category checked below:

☐ (a) A disabled veteran:
   1. Who has served on active duty in any branch of the United States Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the United States Department of Veterans Affairs; or
   2. Who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the United States Department of Veterans Affairs and the United States Department of Defense.

☐ (b) The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.

☐ (c) A wartime veteran as defined in s. 1.01(14), who has served at least 1 day during a wartime period. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.

☐ (d) The unremarried widow or widower of a veteran who died of a service-connected disability.

☐ (e) The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense.

☐ (f) A veteran as defined in s. 1.01(14), F.S. I acknowledge that active duty for training may not be allowed for eligibility under this paragraph.

☐ (g) A current member of any reserve component of the United States Armed Forces or the Florida National Guard. If so, please attach FDVA form VP2, signed by your immediate military supervisor, to document your status.

Please submit this certification with your application, or as soon as possible, prior to the date that the position advertisement closes. In order to receive Veterans’ Preference and to complete your application, this form and documentation to prove your status must be returned to the Human Resources (“HR”) office in accordance with Rule 55A-7.013, Florida Administrative Code. Please contact HR at ______________________@_______ or ______________________, if you have any questions.

This statement is true to the best of my knowledge and belief.

By____________________________________

Printed Name

Veterans’ Preference Certification, FDVA form VP-1, effective date: June/2016, incorporated in rule 55A-7.013, FAC
APPENDIX G – SAMPLE

INFORMATION SHEET FOR CAREER SERVICE EMPLOYEES BEING LAID OFF
(ATTACHMENT TO LETTER OF OFFICIAL NOTICE OF LAYOFF)

As a Career Service (CS) employee who is being impacted by a layoff, you are afforded certain options with regard to your benefits. This attachment provides information you need to make informed decisions related to your accumulated leave, insurance, and other benefits. You will receive a packet from People First that contains more information about options to continue insurance benefits.

INSURANCE

Health Insurance. The state will pay the usual employer contribution for any month during which you were on the payroll for at least one day. Coverage under a health insurance plan will be effective through the end of the next month. For example, if your last day worked is March 15 you are entitled to the employer contribution for April coverage.

As a CS employee being laid off, you are eligible to continue health insurance coverage while in layoff status for up to two years. You must pay the entire premium and premium payments should be submitted to People First by the 10th of the month prior to each month’s coverage; for example, the payment for July is due by June 10. Below are the rates for health insurance should you choose to continue your coverage under the layoff provision.

CS Participant’s Premium Rates for Health Insurance for the current year are:

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>&lt; Insert premium rate for Standard Plan* &gt;</td>
</tr>
<tr>
<td></td>
<td>&lt; Insert premium rate for HIHP** &gt;</td>
</tr>
<tr>
<td>Family</td>
<td>&lt; Insert premium rate for Standard Plan* &gt;</td>
</tr>
<tr>
<td></td>
<td>&lt; Insert premium rate for HIHP** &gt;</td>
</tr>
</tbody>
</table>

* Agency is to insert the current premium rate.
** HIHP is a high deductible health plan. Agency is to insert the current premium rate.

Health insurance coverage under the layoff provision runs at the same time with any right you have to continue your health coverage under COBRA (see below). When your health insurance coverage period ends under the layoff provision, you cannot continue coverage under COBRA.

If you do not wish to continue health insurance coverage under the layoff provision, you may apply for continuation coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA) for up to 18 months. This act allows terminating insured employees and their covered dependents to continue their group health coverage. You will receive an application for COBRA benefits from People First (PF) within 45 days of termination. You have 60 days from receipt of the application to elect continuation coverage. You may want to begin the COBRA coverage and pay your premium in advance so that the coverage will not lapse. If you take the full 60 days from receipt of the application before electing continuation of coverage, you will be required to make up the premium payments for the coverage months missed during the 60-day
INFORMATION SHEET FOR CAREER SERVICE EMPLOYEES BEING LAID OFF
(continued)

COBRA enrollment window. Coverage is from the first day after your employer-provided coverage ends. In order to continue coverage, you are required to pay the full premium amount (what your employer pays and what you pay), plus a two percent administration fee. If you choose not to enroll, your previously covered eligible dependents have individual COBRA rights of their own. Once you and/or your dependents are eligible for other group insurance, including Medicare, you are no longer eligible for COBRA and must cancel the COBRA coverage. For more information, read the U.S. Department of Labor publication, The Employee’s Guide to Health Benefits Under COBRA.

You may also contact People First at 866-663-4735.

COBRA Participant’s Premium Rates for Health Insurance for the current year are:

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Plan</td>
<td>&lt; Insert premium rate for Standard Plan* &gt;</td>
</tr>
<tr>
<td></td>
<td>&lt; Insert premium rate for HIHP** &gt;</td>
</tr>
<tr>
<td>Family Plan</td>
<td>&lt; Insert premium rate for Standard Plan* &gt;</td>
</tr>
<tr>
<td></td>
<td>&lt; Insert premium rate for HIHP** &gt;</td>
</tr>
</tbody>
</table>

* Agency is to insert the current premium rate.
** HIHP is a high deductible health plan. Agency is to insert the current premium rate.

Your termination is a qualifying event that allows your spouse, if he/she is a state employee, to enroll in the State Employee Group Health Plan or any other pre-tax supplemental plan that you were enrolled in, except certain closed supplemental plans, within 31 days of your termination. Your spouse may enroll you and any other eligible dependents under the plan. Your spouse should follow his/her employer’s process for making elections with PF to continue a family or individual policy. Delaying this process will result in a premium underpayment, which means your coverage could be temporarily suspended or permanently cancelled.

**State Group Dental and Vision Insurance.** You may only continue your dental and/or vision insurance coverage through COBRA. Information regarding the continuation of these plans will be provided in the COBRA benefits packet provided by PF.

**State Life Insurance (Basic).** You are eligible to continue basic life insurance coverage while in layoff status for up to two years. You must pay the entire premium and premium payments should be submitted to People First by the 10th of each month for payment of the next month’s coverage. Contact PF to inquire about the premium payment rate for continuation of your life insurance.

The basic State Group Life Insurance policy underwritten by Securian may be converted to an individual life insurance policy. If you wish to convert this policy, contact Securian at (888) 826-2756 and pay the first premium within 31 days from the date coverage ends.

**State Life Insurance (Optional).** You may continue the optional State Group Life Insurance policy underwritten by Securian until age 70 at group rates provided you meet certain restrictions. You must apply for coverage under the Portability Plan within 31 days after the
optional life coverage ends. In order to apply, you must complete the Portability Election Form and the Short Form Health Statement Questionnaire and submit them to Securian at the address on the form.

**FLEXIBLE BENEFIT PLANS**

**Dependent Day Care Reimbursement Account.** Participation in this account will terminate with your last payroll deduction. You may continue to file claims incurred prior to your termination date against any balance in this account. You have until the claim submission deadline, April 15 of the next plan year, to file all claims.

**Medical Reimbursement Account.** Participation in this account will terminate with your last payroll deduction. You must elect to continue or to terminate plan participation by completing the FSA Options When Employment Ends Form (available under Forms and Resources at http://www.mybenefits.myflorida.com/health). You may elect one of the following options to continue participation and file claims against the balance in your account:

- Full payment of the balance due can be deducted from any annual and sick leave payment for which you are eligible. This would be on a pretax basis.
- Partial payment of the balance due can be deducted from the annual and sick leave payment. This would be on a pretax basis. The remaining balance will be paid by personal check or money order within 45 days of election although it would not provide any pretax advantage.
- Full payment of the balance due, paid by personal check or money order, within 45 days of election. This option has no pretax advantages.
- Monthly payments of balance due paid by personal check or money order by the first of each month will include a two percent administrative fee. This option has no pretax advantages.

Ability to use the Benny debit card stops when your employment is terminated. Any eligible expenses must be submitted by paper form to the address or fax number on the form. For more information on the above subjects please visit http://www.mybenefits.myflorida.com/health.

**Deferred Compensation.** You must contact your provider within 30 days of layoff in order to give and/or receive instructions on your account. If the provider cannot be reached, call the Bureau of Deferred Compensation toll-free at (877) 299-8002 or (850) 413-3162 if in the Tallahassee area. Failure to notify the provider and elect an option could result in the inability to access these funds.

For more information, please visit: https://www.myfloridadeferredcomp.com/SOFweb/index.htm.

**Other Miscellaneous Deductions.** You must contact each company and make arrangements to continue coverage if possible, and make premium payments. Phone numbers will be provided to you in a letter from your Human Resources Office informing you of your current payroll deductions. You should contact the companies within 31 days of your layoff to avoid a lapse in coverage.
INFORMATION SHEET FOR CAREER SERVICE EMPLOYEES BEING LAID OFF
(continued)

LEAVE

**Annual Leave.** If you have 365 consecutive days of creditable service, you may be paid for all unused annual leave up to 240 hours (subject to the CS lifetime limit) unless you request in writing that all annual leave (including balances over 240 hours) be retained up to a maximum of one year, pending reemployment in an established position within the State Personnel System (SPS). If you are not reemployed within one year, any annual leave held in abeyance may be paid up to the maximum 240 hours.

If you elected payment at the time of layoff and are reemployed within one year, annual leave credits (including balances over 240 hours) may be restored provided you request this in writing and you can repay the full amount received for annual leave at the time of layoff within the same calendar year in which the lump sum payment was received.

**Sick Leave.** If you have ten years or more of creditable state service you will be paid for 1/4 of all unused sick leave unless you request in writing that all sick leave be retained up to a maximum of one year, pending reemployment in an established position within the SPS.

If you are not reemployed within one year, any sick leave held in abeyance shall be paid up to the above-mentioned limits. If you are reemployed within one year, paid sick leave credits may be restored (full balance) if you request this in writing and can repay the full amount of any lump-sum payment received for sick leave at the time of layoff within the same calendar year in which the payment was received.

If you are not eligible for receipt of sick leave payment at the time of layoff, the agency will hold the accrued sick leave in abeyance and, if you are reemployed within one year following layoff, will credit them to you upon reemployment in an established position within the SPS.

**Sick Leave Pool Donation.** If you are a sick leave pool member, you may elect to donate up to 16 hours of sick leave to the sick leave pool upon your layoff.

**Sick Leave Donation.** Upon layoff you may elect to donate sick leave credits to an eligible employee (up to the number of hours actually needed for the eligible employee to meet contract hours for the pay period to which the transfer applies), provided that you retain a minimum balance of 80 hours. These donated hours are taken before any payment option above is calculated and both employees must still be active on the payroll at the time of the transfer/donation.

**Special Compensatory Leave.** If you have a special compensatory leave balance, it will be paid upon termination in accordance with Rule 60L-34, Florida Administrative Code (F.A.C.), and the provisions of your collective bargaining agreement, if applicable.

**Fair Labor Standards Act Compensatory Leave.** If you have a Fair Labor Standards Act (FLSA) compensatory leave balance, it will be paid upon termination.

**Regular Compensatory Leave.** Your agency will hold any regular compensatory leave balance in abeyance and, if you are reemployed by the same agency within one year following layoff,
INFORMATION SHEET FOR CAREER SERVICE EMPLOYEES BEING LAID OFF
(continued)

your regular compensatory leave balance will be credited to you upon reemployment. If you are not reemployed with the same agency within the one year, then all your regular compensatory leave shall be forfeited.

Leave Payment to a Deferred Compensation Program. You may elect to have a portion of your leave payment invested into your deferred compensation program account instead of receiving direct payment upon termination. This option provides a pretax advantage; however, your request must be made prior to leave payout.

RETIREMENT

If you are a member of the Florida Retirement System (FRS) Pension Plan call the Division of Retirement toll free at (844) 377-1888 or (850) 907-6500 in the Tallahassee local calling area, or visit the Division’s website at www.frs.myflorida.com for additional information about your benefits. Financial planning advice and web-based tools are available to all FRS members at the Financial Guidance line at (866) 446-9377 or visit the www.MyFRS.com website. If you are a member of the FRS Investment Plan additional information about your benefits is also available from the financial guidance line or the MyFRS website.

1. The FRS Pension Plan is a defined benefit plan where members accrue service credit towards a future benefit. If you are vested and eligible for early or normal retirement you may receive monthly benefits that are based upon a formula including your total years of service, accrual value for class(es) of membership, an average of your five (5) highest plan year salaries, and your age at retirement.

2. The FRS Investment Plan is a defined contribution plan where members’ contributions and their employer contributions are invested as directed by the members from the investment choices available under the plan. If you are vested you may request a distribution and receive benefits in a lump sum, roll your balance out of the plan into another qualified plan, structure periodic payments under the plan, or a combination of these options.

3. After your initial membership election, you have one more opportunity to transfer between plans before termination from FRS-covered employment or retirement. However, once you have begun receiving monthly benefits under the FRS Pension Plan or taken a distribution under the FRS Investment Plan, you are considered a retiree. If you return to FRS-covered employment after retirement, you are no longer eligible to participate in the FRS or other state-administered retirement plan to earn another retirement benefit.

4. If you are employed by an FRS-covered employer during the first six calendar months following your Pension Plan effective retirement date or DROP termination date you will void your retirement because you did not meet the termination requirement. If you are an Investment Plan member the termination period is the six calendar months immediately following the month you received your first distribution. Employment by an FRS-covered employer during this period will void your retirement. You must repay all retirement benefits received. During the 7th through 12th months of retirement you cannot receive a monthly Pension Plan benefit or access your Investment Plan account during any month you are employed by an FRS-covered employer.

Since the benefit structures are different for both of these plans, the definition of the following terms are identified by the FRS Pension Plan or the FRS Investment Plan when the meaning of
INFORMATION SHEET FOR CAREER SERVICE EMPLOYEES BEING LAID OFF
(continued)

the term differs depending upon the plan.

Vesting

1. If you are in the FRS Pension Plan and initially enrolled before July 1, 2011, you become vested and eligible for a future early or normal service retirement benefit with six years of creditable service. If you were initially enrolled on or after July 1, 2011, you become vested and eligible for a future early or normal retirement benefit with eight years of creditable service. Regular disability retirement benefits require an eight-year vesting period. In-line-of-duty disability or death benefits provide vesting from the first day of covered employment.

2. If you are in the FRS Investment Plan you become vested and qualify for service retirement after one year of Investment Plan participation. If you transferred a present value from the Pension Plan to the Investment Plan, you must have at least six years of total FRS service credit (or eight years depending upon your initial enrollment date) to be vested for the present value portion of your account. If transferring account balances to the Pension Plan to qualify for regular monthly disability retirement benefits, you must meet the eight-year vesting requirement.

Normal Retirement

1. If you are in the FRS Pension Plan and initially enrolled before July 1, 2011, you are eligible to receive unreduced monthly benefits at age 62 if vested, the age after 62 when vested, or after 30 years of creditable service regardless of age for members of all classes except the Special Risk Class. Special Risk Class members qualify for normal retirement at age 55 if vested with six years of Special Risk Class service, the age after 55 when vested, or after 25 years of Special Risk Class service regardless of age.

   If you are in the FRS Pension Plan and initially enrolled on or after July 1, 2011, you are eligible to receive unreduced monthly benefits at age 65 if vested, the age after 65 when vested, or after 33 years of creditable service regardless of age for members of all classes except the Special Risk Class. Special Risk Class members qualify for normal retirement at age 60 if vested with eight years of Special Risk Class service, the age after 60 when vested, or after 30 years of Special Risk Class service regardless of age.

2. If you are in the FRS Investment Plan you become vested and are eligible to request and receive distributions after one year of Investment Plan participation regardless of age and meeting separation requirements. If you transferred a present value from the Pension Plan to the Investment Plan, you must have at least six years of total FRS service credit (or eight years depending upon your initial enrollment date) to be vested for the present value portion of your account. You may receive benefits under one of the payment options within the Investment Plan or roll your funds into another qualified retirement plan. If transferring account balances to the Pension Plan to qualify regular monthly disability retirement benefits, you must meet the eight-year vesting requirement.

Early Retirement

1. If you are in the FRS Pension Plan you are eligible to receive reduced monthly benefits if you are within 20 years of your normal retirement age (62 or 55, or 65 or 60, depending
INFORMATION SHEET FOR CAREER SERVICE EMPLOYEES BEING LAID OFF
(continued)

upon your initial enrollment date) with a five percent per year reduction for each year you are below the normal retirement age at retirement.

2. Early retirement does not apply if you are in the FRS Investment Plan. However, if you choose to receive a lump-sum distribution you may be subject to a 10 percent penalty when filing your taxes for withdrawals before certain ages as required under the Internal Revenue Code.

Refund of Required Employee Contributions

1. If you are in the FRS Pension Plan you are eligible to receive a refund of employee contributions after being terminated from all employment with FRS-covered employers for three calendar months. You will lose the creditable service covered by the period of refunded contributions. If you return to work in FRS-covered employment for one service credit year you are eligible to purchase your refunded service by repaying the contributions plus 6.5 percent interest compounded annually until repaid. Receiving a refund of employee contributions does not make you a retiree under the Pension Plan.

You can also leave your employee contributions on deposit. And, if you return to work with any FRS employer, all service credit covered by your contributions is automatically combined into a single FRS account that remains under your name until you retire.

2. If you are in the FRS Investment Plan and request a refund of employee contributions you are considered a retiree under the Investment Plan and non-vested employer contributions are forfeited. You must be terminated from all employment with FRS-covered employers for three calendar months to become eligible to receive the refund. You will forfeit the creditable service covered by the period of refunded contributions and non-vested contributions. If you return to work in FRS-covered employment you are a reemployed retiree who is not eligible to participate in the FRS or other state-administered retirement plans. You are subject to the six calendar month termination requirement from all employment with FRS-covered employers followed by the six calendar month reemployment limitation period for the first 12 calendar months after you receive your distribution. Required employee contributions are deducted on a pre-tax basis. You may roll over your refund to a different qualified account to retain their pre-tax status or you can receive a lump-sum payment from which taxes are withheld.

You can also leave your employee contributions on deposit. Any unvested employer contributions will be moved to a suspense account for up to five years. If you do not return to FRS-covered employment within five years, the unvested employer contributions and service associated with that service will be forfeited. If your employee contributions on deposit are greater than $1,000 at the time the unvested contributions are suspended/forfeited, you may keep them on deposit in the Investment Plan. If your employee contributions on deposit are $1,000 or less, the Investment Plan Administrator will automatically distribute the balance to you as a de minimis distribution. If you receive a de minimis distribution, you will not be considered a retiree and will not be subject to the limitations applicable to such employees. If you receive a de minimis distribution and return to FRS-covered employment in the future, you will be placed back in the FRS Investment Plan.
INFORMATION SHEET FOR CAREER SERVICE EMPLOYEES BEING LAID OFF
(continued)

Portability

1. Under the FRS Pension Plan, all your service credit that remains on account and your future service credit will be combined into the same account regardless of the period of separation.

2. Under the FRS Investment Plan, if your vested funds remain in the account, future contributions will be combined into that account. You may be required to receive a mandatory de minimis distribution of your inactive account balances. Without requesting a distribution, non-vested funds are held in a suspense account for up to five years. If you do not return within five years your non-vested funds are forfeited. Non-vested funds are forfeited when you request and receive a distribution.

3. FRS-covered employers include the State of Florida, the State University System, the State College System, district school boards, county governments except for Duval County, and cities or special districts that chose to participate in the FRS. See Participating Employers available from the Publications page of the Division’s website.

Receiving a Retirement Benefit

All members of the FRS must terminate employment with all FRS-covered employers to receive a retirement benefit.

1. If you are in the FRS Pension Plan you must terminate all employment with FRS employers to be eligible to receive monthly benefits. You are considered terminated only after you stop all employment relationships with all FRS employers. You must remain terminated from employment with all FRS employers for six calendar months beginning with your effective retirement date to finalize your retirement. If you are participating in the Deferred Retirement Option Program (DROP) you must meet the six calendar month termination requirement after your DROP termination date. During this period you receive retirement benefits but if you return to any employment with an FRS employer you will void your retirement and must repay all benefits received, including any DROP payout. Employment with an FRS employer in a position not covered for retirement (OPS or temporary) will also void your retirement. (For additional guidance on DROP participants affected by a layoff, please contact your agency’s Human Resource office).

2. If you are in the FRS Investment Plan you are considered eligible to receive a distribution only after terminating from all employment with all FRS employers for three calendar months. If you meet the definition of normal retirement under the FRS Pension Plan, you may receive up to 10 percent of your distribution after the first calendar month of the separation period and the balance after the full separation period. Otherwise, you may not receive a distribution until you have met the full separation period. If you return to work with an FRS employer before completing your three-month separation period you will not be considered retired and must return any distribution received. After receiving your distribution you must remain terminated from all employment with FRS employers for the next six calendar months. If you return to employment with an FRS employer during this period you will void your retirement and must return any distribution received. Employment with an FRS employer in a position not covered for retirement (OPS or temporary) will also void your retirement.
INFORMATION SHEET FOR CAREER SERVICE EMPLOYEES BEING LAID OFF
(continued)

Reemployment after Retirement

Retirees of both the FRS Pension Plan and the FRS Investment Plan are subject to restrictions related to receiving FRS retirement benefits while employed by FRS employers after retirement, regardless of whether the position is covered by the FRS. You cannot earn a salary and receive retirement benefits for twelve months after your effective date of retirement, after your DROP termination date, or after you receive an Investment Plan distribution.

If you are retired and are planning to return to work with an FRS employer prior to the 12-month limitation period, **it is very important** that you contact the Division of Retirement to discuss any effect the reemployment may have on your retirement benefits.

Please visit [www.frs.myflorida.com](http://www.frs.myflorida.com) for more information about the FRS Pension Plan; the “Contact Us” page has the mailing address, telephone numbers, fax numbers, and email contact information for the different areas of the Division of Retirement that may assist you. For information about the FRS Investment Plan, your choice between the FRS Pension Plan and the FRS Investment Plan, and general financial planning assistance please visit [http://www.MyFRS.com](http://www.MyFRS.com) -or you may call the toll-free help line at (866) 446-9377 for assistance.

REEMPLOYMENT ASSISTANCE

Information regarding the eligibility requirements for reemployment assistance can be found on the Department of Economic Opportunity’s website at:

APPENDIX H – GOVERNMENT WEBSITE LIST

Department of Economic Opportunity, Reemployment and Emergency Assistance Coordination Team (DEO/REACT)

Department of Financial Services, Bureau of Deferred Compensation
https://www.myfloridadeferredcomp.com/SOFWeb/default.aspx

Department of Management Services, Division of Retirement
http://frs.myflorida.com

Employ Florida
https://www.employflorida.com/

Florida Reemployment Assistance

People First
http://peoplefirst.myflorida.com
Service Center Phone: 866-663-4735
Service Center Fax: 800-422-3128

Regional Workforce Boards/Career Centers
http://careersourceflorida.com/regional-team/

State of Florida, MyBenefits Website
http://www.mybenefits.myflorida.com/

State Vacancy Listings in People First
http://jobs.myflorida.com
Job Applicant Phone: 877-562-7287
APPENDIX I – PLACEMENT ACTIVITIES CHECKLIST

The individual assigned to assist in placement activities should have access to rules relating to layoff, local Regional Workforce Board's telephone number and address, vacancy lists for the department, and access to statewide vacancy information on the People First System.

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Date Interviewed</th>
</tr>
</thead>
</table>

**Placement Discussions with Adversely Affected Employee**

- [ ] Review candidate profile/resume and personal interest form with employee.
- [ ] Review employee's employment history.
- [ ] Discuss positions for which employee is qualified.
- [ ] Discuss level of jobs employee is willing to accept.
- [ ] Discuss vacancy opportunities. Include discussion of employment in other state or local agencies and private industry.
APPENDIX J – SAMPLE

CANDIDATE INFORMATION TRANSMITTAL TEMPLATE

Dear (recipient’s name),

Attached is a candidate profile/resume from ________________________. This employee’s position with our agency has been identified for deletion effective _______________. We are requesting your assistance in locating a suitable position for this employee. At this time we are submitting this employee’s application for the position of ___________________________ position number __________.

If you have any questions, please call me at ____________________.

Sincerely,

(insert email signature)
APPENDIX K – SAMPLE

SELECTED EXEMPT SERVICE EMPLOYEE NOTICE

<Date>

{Name}
<Address>
<City, State, Zip Code>

Dear <Name>:

Changes in the <department/division/bureau>’s budget have made it necessary to reduce the number of department positions. This is to officially inform you that your employment with the <Agency> is being terminated effective close of business <date>.

This action is taken pursuant to section 110.604, Florida Statutes (F.S.), which provides that members of the Selected Exempt Service (SES) serve at the pleasure of the agency head. This personnel action is exempt from the appeal provisions of Chapter 120, F.S.

Please be assured that the Agency will do as much as possible to help you in your search for other employment. To assist in this process, please do the following:

- Complete the attached personal interest form; and
- Create or update a candidate profile. If you do not already have an account, one can be created at http://jobs.myflorida.com. When you have created your account you can create or update a candidate profile and save it. It can then be used to apply for vacancies online or you can print a hard-copy version if needed. Send both forms to the Human Resource Office within seven (7) days of receiving this letter.

You may also receive support through the Department of Economic Opportunity’s Reemployment and Emergency Assistance Coordination Team (DEO/REACT). REACT provides employment assistance services to you at no cost. Call 1-866-352-2345 or visit the REACT website at http://www.floridajobs.org/office-directory/division-of-workforce-services/workforce-programs/reemployment-and-emergency-assistance-coordination-team-react for more information.

Again, I regret having to take this action. If you have any questions, please call the Human Resource Office at [phone].

<closing>

Attachments

cc: Personnel File
APPENDIX L – SAMPLE

SENIOR MANAGEMENT SERVICE EMPLOYEE NOTICE

<Date>

<Name>
<Address>
<City, State, Zip Code>

Dear <Name>:

Changes in the <department/division/bureau>'s budget have made it necessary to reduce the number of department positions. This is to officially inform you that your employment with the <Agency> is being terminated effective close of business <date>.

This action is taken pursuant to section 110.604, Florida Statutes (F.S.). This section provides that members of the Senior Management Service (SMS) serve at the pleasure of the agency head. This personnel action is exempt from the appeal provisions of Chapter 120, F.S.

Please be assured that the Agency will do as much as possible to help you in your search for other employment. To assist in this process, please do the following:

- Complete the attached personal interest form; and
- Create or update a candidate profile. If you do not already have an account, one can be created at http://jobs.myflorida.com. When you have created your account you can create or update a candidate profile and save it. It can then be used to apply for vacancies online or you can print a hard-copy version if needed. Send both forms to the Human Resource Office within seven (7) days of receiving this letter.

You may also receive support through the Department of Economic Opportunity's Reemployment and Emergency Assistance Coordination Team (DEO/REACT). REACT provides employment assistance services to you at no cost. Call 1-866-352-2345 or visit the REACT website at http://www.floridajobs.org/office-directory/division-of-workforce-services/workforce-programs/reemployment-and-emergency-assistance-coordination-team-react for more information.

Again, I regret the necessity for taking this action. If you have any questions, please call the Human Resource office at <phone number>.

<closing>

Attachments

cc: Personnel File