

GENERAL LAY-OFF LETTER (Template)

Non-Union/Benefits Eligible

Biweekly employee – two weeks notice

Monthly employee – four weeks notice

Date:

Dear _____:

This letter is to confirm the conversation of _____, 200__ during which you were informed that your current position as _____ in the Department of _____ will be eliminated due to _____. I have conferred with the Office of Human Resources Management and they advised me to inform you of the following:

You may remain in your current position as a _____ through _____, 200__, and your regular salary will continue through this date. Your layoff will be effective _____, 200__, and you will be compensated for any unused vacation and/or personal holiday accruals on your final paycheck.

Your health care coverage will continue through _____, 200__. As a laid-off employee, you will be entitled to continue your health insurance for three (3) months at your current employee rate. An additional fifteen (15) months of coverage under COBRA may be extended at full cost. COBRA is administered by WageWorks, Inc. If you have not received a COBRA package within fifteen (15) days of your termination effective date, you should contact the Benefit's Office at (773)702-9634.

For information about available positions at the University, please refer to the University's website <http://jobs.uchicago.edu>.

If your search for another University position is unsuccessful, you will be officially placed on layoff status.

In the event you are unemployed and file for unemployment compensation after _____, the University will not contest your claim.

We wish to thank you for your contributions to the department and will be pleased if you can continue to work at the University. We wish you well.

Sincerely,

Name

Title / Position

cc: Supervisor
Employee File
Employment Services
UHRM Benefits Office

***** Note to author: Health coverage is continued through the end of the month in which the termination occurs. However, if employee's service date is prior to May 1, 1987, health coverage is continued for one month beyond the termination date. (If this date is mid-month, coverage is to the end of that month). Please remove this 'Note to Author' from the letter that is given to the employee.**