

**JOB AIDS AND RESOURCES**

Layoff Relocation Offer Form

Layoff Template #8

*Revised 1/10*

NAME:

JOB: PARISH:

ADJUSTED SERVICE DATE:

DATE OF THIS OFFER:

This is your official offer of relocation to a vacant position as the result of a layoff, in compliance with Civil Service Rule 17.18. Please check and sign ONE OPTION ONLY below.

Return this completed form to , no later than .

If you fail to return the properly completed form by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, you will be considered as having declined this offer and you will be laid off from your position.

**[ ] I accept the offer to move to:**

Job title: Position #:\_\_\_\_\_\_\_\_\_\_\_\_\_Pay Level:

Location:

Effective Date: Shift:

Appointment Status: Current Biweekly Rate of Pay:

Signature: Date:

**[ ] I reject the above offer and understand that I will be laid off from my current position of**

Job Title: , Position #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date close of business: .

Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_