SEVERANCE ELECTION

PERSONNEL POLICIES FOR STAFF MEMBERS (PPSM)

Beginning July 1, 2003, employees covered by the Personnel Policies for Staff Members (PPSM), who receive notice of layoff may elect, **within fourteen (14) calendar days of receipt of notice of layoff,** severance pay in lieu of preference for reemployment and the right to recall. Your election must be in writing and is irrevocable.

Severance Pay in Lieu of Preference for Reemployment and the Right to Recall *
Employees may elect to receive one week per full year of University service up to a maximum of 16 weeks. *You are entitled to _____ weeks of severance*.
*An employee whose time has been reduced indefinitely and who elects severance pay in lieu of preference for reemployment and the right to recall shall receive severance pay for the percent of time reduced in accordance with the payment schedule above.

If you subsequently return to work in a career position with the University at the same or higher salary and at the same percentage of time as the position held at the time of layoff, you shall repay to the University, any portion of severance pay received that is in excess of the time you were on layoff status.

If you choose to **elect** severance pay in lieu of preference for reemployment and the right to recall, please indicate your election below, then sign and return this form to your department no later than _____.

If you choose **not to elect** severance pay in lieu of preference for reemployment and the right to recall, you shall receive preferential rehire and recall, in accordance with PPSM, Article 60 – *Layoff and Reduction in Time from Professional and Support Staff Career Positions*, section F and G. You do not need to return this form if you make no election.

For more information see Article 60 – *Layoff and Reduction in Time from Professional and Support Staff Career Positions*.

I, _____,
Employee Name

elect severance pay in lieu of preference for reemployment and the right to recall. **I realize that this election is irrevocable**.

_____	_____	_____
Print Name	Signature	Date

Department Representative

_____	_____	_____
Print Name	Signature	Date