**Layoff Notice Letter, LMC Model Form**

*League models are thoughtfully developed by our staff for a city’s consideration. Models should be customized as appropriate for an individual city’s circumstances in consultation with the city’s attorney. Helpful background information on this model may be found in the Information Memo [“Veterans Preference in Discipline, Discharge, or Job Elimination.](https://www.lmc.org/resources/veterans-preference-in-discipline-discharge-or-job-elimination/)*[”](https://www.lmc.org/resources/veterans-preference-in-discipline-discharge-or-job-elimination/)

**This icon marks places where the city must customize the model. They offer additional provisions, optional language, or comments for your consideration. The icon, and language you do not wish to include, should be deleted from this model before use. Make other changes, as needed, to customize the model for your city.**

*The notice should be on city letterhead with a date, name of the employee and their address.*

Dear \_\_\_\_\_\_\_,

We want to take this opportunity to thank you for your contribution and service during your employment with the City of \_\_\_\_\_\_\_. Due to both current and anticipated budget cuts, the City has decided to eliminate several positions. Effective \_\_\_\_\_\_\_ the position of \_\_\_\_\_\_\_with the City of \_\_\_\_\_\_\_ will be eliminated.

*In a larger city with multiple employees in the same job class, only some of whom are being laid off, the following language is more appropriate: “. . . it has been determined it is in the best interest of the City of* \_\_\_\_\_\_\_ *to reduce the number of employees in the job class of* \_\_\_\_\_\_\_ *by* \_\_\_\_\_\_\_*%.”*

# **Severance**

# Your severance payment, if any, will be in accordance with the City of \_\_\_\_\_\_\_ policies and procedures. Your payment will be \_\_\_\_\_\_\_. This will be paid with the next regular pay cycle in \_\_\_\_\_\_\_.

# **Unemployment Insurance**

#### There are two ways to apply for Minnesota unemployment benefits:

#### (1) by completing the application online at <https://www1.uimn.org/ui_applicant/applicant/login.do>, or

#### (2) by phone using TELECLAIM (Twin Cities Metro 651-296-3644; Greater Minnesota 1-877-898-9090).

#### More information about unemployment benefits is available at the above web site or <https://mn.gov/deed/job-seekers/recently-unemployed/>.

# **Benefits**

You are eligible, through the Consolidated Omnibus Budget Reconciliation Act (COBRA and state law), to extend your current group \_\_\_\_\_\_\_ insurance coverage by paying the full monthly premium for a period of up to eighteen (18) months. Information regarding COBRA coverage will be sent directly to your home.

*Insert all types of insurance coverage that may be applicable, such as medical, dental, and life.*

# **Public Employees Retirement Association**

To speak to a PERA representative regarding the retirement options available to you at this time, contact PERA at 651- 296-7460 in the Twin Cities Metro area or toll free at 1-800-652-9026 from Greater Minnesota. Information and PERA forms are available online at [www.mnpera.org](http://www.mnpera.org).

# **Employee Assistance Program**

The City of \_\_\_\_\_\_\_participates in an Employee Assistance Program through \_\_\_\_\_\_\_. Please do not hesitate to use the services available through the EAP at \_\_\_\_\_\_\_.

**Veteran Status**

*Use one of the two following paragraphs, depending on your situation. Note that as of July 1, 2016, the amount of time a veteran has to request a hearing was reduced from 60 days to 30 days.*

We do not believe that you are a qualifying veteran under the Minnesota Veteran’s Preference Act, Minn. Stat. §197.46. If you are a veteran, you must submit to us your DD-214 form verifying your veteran’s status by the date set for your pre-termination / pre-demotion hearing with \_\_\_\_\_\_\_.If you qualify as a veteran, you would have the additional right, pursuant to the Veterans Preference Act, to either petition the District Court for a writ of mandamus or the Commissioner of the Department of Veterans Affairs to determine whether the action taken was in good faith. If you wish to pursue either of these remedies, you must do so within 30 days of receipt of this notice. Your failure to do so within 30 days shall constitute a waiver of your rights to contest your layoff under the Veterans Preference Act.

*Insert the name of the person to contact in your city responsible for setting up the hearing*.

**OR**

If you are a veteran as defined by Minn. Stat. § 197.447, you may have certain rights relating to your layoff under the Veterans Preference Act (Minn. Stat. §§ 197.46, 197.481). Pursuant to the Act, you have the right to either petition the District court for a writ of mandamus or the Commissioner of Veterans Affairs to determine whether the action taken was in good faith. If you wish to pursue either of these remedies, you must do so within 30 days of receipt of this notice. Your failure to do so within 30 days shall constitute a waiver of your right to contest your layoff under the Veterans Preference Act.

# **Questions**

Please contact \_\_\_\_\_\_\_ at \_\_\_\_\_\_\_ if you have questions regarding any of this information. Thank you.

Sincerely,

*Sign and list the name and title of the person sending the notice.*