

# Notice of Involuntary Transfer, Demotion, or Termination

California Department of Human Resources  
State of California

Employee's Name

Employee's Class Title

PLEASE COMPLETE AND RETURN THIS FORM TO PERSONNEL BY

This form is used when a layoff or alternative to a layoff (demotion or transfer) is to occur. It may also be used when an involuntary geographic transfer is being implemented. The letter to which this form was attached explains why the form was sent to you. If the form was sent to you because of a layoff or alternative to layoff, or an involuntary geographic transfer that is based on seniority, your seniority score has been inserted below. If the form was sent to you because of an involuntary transfer based on something other than seniority, no seniority score has been inserted below.

SENIORITY SCORE

AS OF

EFFECTIVE DATE

## PART I. DEMOTION IN LIEU OF LAYOFF - If no classes are listed in this part, go to Part II.

If one or more classes is/are listed, your seniority score enables you to exercise your right to demote to it/them. Indicate whether or not you are interested and priority your choices (if more than one is listed.)

Class Title	Location	Salary	Are you interested?	Priority
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

## PART II. TRANSFER IN LIEU OF LAYOFF OR INVOLUNTARY GEOGRAPHIC TRANSFER BASED ON SENIORITY - If no locations are listed in this part, go to Part III.

If one or more locations is/are listed, and your department is in a layoff situation, your seniority score enables you to exercise your right to transfer in your current class to the listed location(s).

If one or more locations is/are listed, and your department is involuntarily transferring one or more employees to different locations, your seniority score is too low for you to remain in your present geographic location, and you may elect to transfer to a different location in your current class.

Indicate which (if more than one is selected) position you will accept, AND prioritize your choices (if more than one).

Location	Are you interested?	Priority
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

### PART III

This part of the form should be completed IF options were indicated in Part I and /or II, but you do not wish to exercise them; or IF no options were indicated in Part I and II.

I have found another job, and will resign on:

I plan to retire effective:

I elect to resign on:

I elect to be laid off on the effective date above:

I elect to be laid off at the earlier date of:

### PART IV - REEMPLOYMENT LISTS

You are entitled to reemployment list eligibility when you are laid off or demoted in lieu of layoff. You may also be granted reemployment list eligibility when you are transferred to a different geographic area or different class; voluntarily demote; voluntarily resign, or reduce your time base. Complete Part IV by indicating the type of appointment, time base, and locations, in which you are interested, in order to assist the department in placing you on a reemployment list. You may also indicate if you are not interested in employment at this time, and wish your name placed on inactive reemployment lists.

I am interested in the following type(s) of appointment(s): ☐ Permanent ☐ Temporary

I am interested in the following time bases: ☐ Full Time ☐ Intermittent ☐ Part Time

I am interested in the following locations:

☐ I am not interested in employment and wish to be placed on the inactive reemployment list. (You may reactivate your name, change your address, or change the type of appointment or time base in which you are interested, by writing to CalHR, 1515 S Street, North Building, Suite 400, Sacramento, CA 95814.)

Employee's Signature

Date

Area Code

Telephone Number

Mailing Address, City, State, and Zip Code