

SEVERANCE ELECTION

HEALTH CARE PROFESSIONALS UNIT (HX)

Beginning July 1, 2003, employees covered by the University Professional and Technical Employees (UPTE) Agreement, who receive notice of layoff may elect, within fourteen (14) calendar days of receipt of notice, one of the following two options. **Your election must be in writing and is irrevocable.**

OPTION 1: Severance Pay in Lieu of Preferential Rehire and Recall Rights*

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 in the amount of \$_____.*

OPTION 2: Reduced Severance Pay with Preferential Rehire and Recall Rights (for those with five (5) or more years of service)*

This option is not available to employees with less than five (5) years of service, as described in Article 13 - Layoff and Reduction in Time, of the UC/UPTE Agreement. Contingent upon your years of University service you are eligible for a combination of preferential rehire and recall rights with reduced severance. Employees with 5-10 years of service receive 4 weeks severance plus 2 years preferential rehire and recall rights; employees with more than 10 years of service receive 4 weeks severance plus 3 years preferential rehire and recall rights; and employees with more than 13 years of service receive 8 weeks severance plus 3 years preferential rehire and recall rights. *You are entitled to _____ weeks of severance in the amount of \$_____ plus _____ years of preference and recall.*

**** If you elect either option, and subsequently become reemployed with the University during the period for which severance was paid, you must either repay the excess severance pay, in full, or sign a severance repayment agreement. You may not commence work with the University during the period for which severance was paid, without making adequate repayment arrangements for excess severance paid.***

Please indicate your election below, then sign and return this form to your department no later than _____.

For more information see Article 13 - *Layoff and Reduction in Time* of the UC/UPTE Agreement for the Research Support Professionals Unit.

I, _____, elect:
Employee Name

Option 1, as stated above. **I realize that this election is irrevocable.**

Option 2, as stated above. **I realize that this election is irrevocable.**

Print Name

Signature

Date

Department Representative:

Print Name

Signature

Date

Distribution

Original: Layoff Coordinator - Employee & Labor Relations
Copies: Employee • UPTE • Department Personnel File • Policy & Personnel Services