



NOTICE OF LAYOFF

CLIENT:	
EMPLOYEE:	SSN:

The above mentioned employee has been laid off his/her assigned duties due to a reduction in workforce. This employee should be placed on an "Inactive" status.

***DATE LAYOFF BECOMES EFFECTIVE:** _____

***LAST DAY EMPLOYEE WORKED:** _____

TYPE OF LAYOFF:

TEMPORARY Estimated date returning to "Active" status: _____

For temporary layoff, please check one of the following:

- Employee has company paid benefits (health, dental, vision, etc.)
 - Continue to invoice the above referenced Client for full benefits charge.
 - Suspend all benefits for this employee.
- Employee does not have company paid benefits

INDEFINITE

I certify that the purpose of this layoff is not for disciplinary purposes but for a necessary reduction in the Company's workforce. The Company agrees to bring Employee back to Active status as soon as conditions warrant.

Supervisor's Signature

Date

EMPLOYEE ACKNOWLEDGEMENT

Employee's Signature

Date