King County
CAREER SUPPORT SERVICES
Referral and Placement Program
King County Executive Office
King Street Center Building, MS KSC-EX-0819
201 South Jackson Street, Seattle, WA 98104-3854
(206) 263-6009 Fax: (206) 263-4750
CareerSupportPrograms@kingcounty.gov

REDUCTION IN FORCE ELECTION FORM

The purpose of this form is to provide the employee with the available options following notice of layoff. **This form must be completed, signed and submitted to your Department Layoff Coordinator within 10 business days of receipt**. The Coordinator forwards the completed and signed form to Career Support Services. Please print or type the information requested. Questions should be directed to the Department Layoff Coordinator identified in your layoff letter. Thank you.

***** PLEASE PRINT OR TYPE *****

Employee Name:	***Date of Layoff:***
Position Classification:	***Email:***
Department / Division:	***Contact Phone Number:***
Employee Instructions: 1. Check only one box below that is appropriate. 2. Sign and date the bottom of this form. 3. Make a copy for your own records. 4. Within 10 business days of receiving this notice, send a copy of this Employee Elections Form to your Department Layoff Coordinator	***Department Layoff Coordinator Instructions:*** 1. Please review the submitted forms for completion. 2. Immediately forward a copy to the Referral and Placement Program at CareerSupportPrograms@kingcounty.gov (or the address listed above).

☐ I choose to exercise my bumping rights as provided in my collective bargaining agreement and understand I will be notified later of specific bumping options.

☐ I choose to participate in the Career Support Services Referral and Placement Program (formerly called the Layoff/Recall Program).

☐ I choose to be laid off on my layoff date and do not want to participate in the Referral and Placement Program or exercise my bumping rights as outlined in my collective bargaining agreement.

☐ I choose to accept the reduction in hours in my FTE and do not want to participate in the Referral and Placement Program or exercise my bumping rights as outlined in my collective bargaining agreement.

☐ I choose to accept the reduction in hours in my FTE and choose to participate in the Referral and Placement Program.

☐ I choose to accept the increase in hours in my FTE and do not want to participate in the Referral and Placement Program or exercise my bumping rights I may have under my collective bargaining agreement.

☐ I choose to accept the reduction in hours in my FTE and choose to participate in the Referral and Placement Program (exercise my bumping rights I may have under my collective bargaining agreement.)

☐ I choose to be laid off on this date _____ prior to my effective layoff date. I understand that this choice thereby constitutes a resignation, and I will not be eligible to participate in the Referral and Placement Program.

☐ I will voluntarily retire or resign effective as of this date _____. I understand that I will not be eligible to participate in the Referral and Placement Program.

Employee Signature _____ *Date* _____ *Dept. Layoff Coordinator Signature* _____ *Date* _____