

Local 88 Voluntary Layoff Request Form

Name:			SAP #:	
Current Classification:				

- This form is to acknowledge that I have reviewed and understand my rights and responsibilities for layoff and recall under Article 21 of the Local 88 Bargaining Agreements.
- I understand that my request for layoff is totally voluntary and that acceptance will be based on the County's overall need for position vacancies in affected classifications, and in order of seniority.
- I understand that my name will be placed on the Recall Lists for my current classification and other lower classifications previously held for 24 months. My name will be removed from the Recall List if I decline an offer of permanent recall, and that this may affect my unemployment benefits.
- I further acknowledge that by signing this form, and upon acceptance by the County of my voluntary layoff, that I may not rescind my voluntary layoff without the mutual agreement of the County since bumping scenarios and layoff notices to other employees may be based upon my stated desire to accept a voluntary layoff.

Signature:	
Date:	