

**ARIZONA DEPARTMENT OF ADMINISTRATION
HUMAN RESOURCES DIVISION**

STATEWIDE HUMAN RESOURCES POLICIES AND PROCEDURES

Policy Number:	Effective: 07/01/2004
Subject: Reduction in Force (RIF) Guidelines	Revised: 11/01/2011
Policy Section: Separations	Supersedes: 06/15/2010
Responsible HRD Section: Policy and Legislative Affairs	Review Date: 11/01/2012

Scope:

All ADOA Personnel System agencies, boards, and commissions

Authority:

A.R.S. § 41-763.04, Reduction in force procedures
A.A.C. R2-5-902, Reduction in Force

Definition(s):

"Permanent Status" is defined in A.A.C. R2-5-101 and means the standing an employee achieves after the completion of an original probation or a promotional probation.

"Reduction in Force (RIF)" means the involuntary separation and/or reduction in grade of one or more permanent status employees in a government department/agency, typically for budgetary reasons.

"State service" is defined in A.R.S. § 41-762 and means all offices and positions of employment in state government except offices and positions exempted by the provisions of A.R.S. Title 41, Chapter 4, Article 5.

"Uncovered employee" means a state employee who is not subject to (i.e., exempt from) the state merit system because the employee is assigned to an uncovered position and is not on mobility assignment from covered service.

Policy:

There are various reasons why a RIF might be considered. Those reasons include:

- Lack of funds or work
- Abolition of one or more positions
- A material change in job duties or agency organization
- Introduction of a cost reduction initiative
- Lack of need in a receiving agency for the position(s) transferred under A.A.C. R2-5-208(B)(4)
- Lack of a vacant position to revert an employee on promotional probation

Statewide Human Resources Policies and Procedures

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Pertinent Questions

- Have alternatives been discussed?
- Will the agency eliminate state service positions? Uncovered positions? RIF rules apply only to state service positions and employees, but ADOA can assist with separations and transfers of uncovered employees.
- If the RIF goes forward, will the RIF be agency-wide or limited to a smaller group, i.e., organizational unit, agency operations in a geographic area, etc.?
- How does the agency plan to determine the positions to be eliminated?
- Has the agency considered that the state service employees selected for separation pursuant to the personnel rules may not be the incumbents in the positions the agency wants to eliminate?
- When does the agency plan to accomplish any necessary transfers?
- Are the positions actually going to be abolished or is the funding simply gone for the positions? Develop a list of the state service positions proposed for elimination. Form RIF-2 should be used for this purpose.

Dates

- The agency plan should be sent to ADOA thirty working days before the date the agency intends to begin the RIF.
- How much advance notice will employees who are being separated be given, e.g., one week, two weeks, one day? A.A.C. R2-5-902 (F) specifies an agency head shall provide written notice at least five working days in advance to each employee identified for transfer, reduction, or separation unless circumstances beyond the agency's control do not permit at least five days notice.
- Dates for calculating retention points based on performance are different from the dates used for calculating retention points based on length of service. Performance points involve the three most recent performance evaluations in the twenty-four months concluded *before the date of request* for the RIF. Length of service points accrue at one per month of state service in the current class series during the sixty months before the proposed effective date of the RIF. (Form RIF-1)
- Date to begin sending job offer letters to permanent status employees. (Letter C)
- Date to separate state service employees who are either provisional, clerical pool, or temporary employees. (Letter D-1)
- Date to separate state service employees who are either limited original probationary, original probationary, or limited employees. (Letter D-2)
- Date to begin separating state service employees with permanent status. (Letter E)
- Expected end date of RIF.

Other Matters

- An employee on promotional probation, special detail, or in an underfill position competes for retention in the employee's permanent status class.
- Depending on the operational needs of the agency, the agency head may direct that vacant state service positions in the agency will be held open for possible use during the RIF.
- Depending on the operational needs of the agency, the agency head may decide to stop salary increases for state service positions unless the raise is mandated by law.
- The agency head may want to keep the impending RIF in mind when making any personnel-related decisions such as deciding whether to approve salary increases

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- for positions not in state service, reorganizing agency units, establishing new positions, etc.
- If uncovered employees will also be let go because of funding or for other reasons, they are not a part of the RIF because the RIF only applies to state service positions; however, ADOA can help the agency with the separation letter.
 - Will employees be allowed to take leave time or use state time to look for jobs, utilize the Career Center, or go to job interviews? (Letter D-2 and Letter E)

Communications with Agency Employees

- The agency head or designee must decide what communications will be sent to agency employees and when the communications will be made: (1) to announce the RIF; (2) any statements on progress of the RIF; and, announcing completion of the RIF.

Related Form(s)/Link(s):

- [Form RIF-1: Retention Point Computation - Covered Permanent Status Employee](#)
- [Form RIF-2: Positions to be Abolished](#)
- [Letter A: Request for RIF Approval](#)
- [Letter B: Permanent Status Employee Retention Point Notification](#)
- [Letter C: Job Offer Within Agency](#)
- [Letter D-1: Separation of Provisional, Clerical Pool, or Temporary Employee](#)
- [Letter D-2: Separation of Limited Original Probation, Original Probation, or Limited Employee](#)
- [Letter E: Separation of Permanent Status Employee](#)
- [Letter F: State Service Employee Repromotion Offer – Intervening Class](#)
- [Letter G: State Service Employee Repromotion Offer – Previous Class](#)

- [RIF/Layoff Toolkit](#)

Corresponding Policy(ies):

Not applicable

Contact:

If you have any questions related to HR Policy, please contact your agency's Human Resources Office/representative.

Policy History (supersedes):

- Statewide Policies and Procedures – Reduction in Force (RIF) Guidelines (06/15/10)
- Statewide Policies and Procedures – Reduction in Force (RIF) Guidelines (01/14/09)
- Statewide Policies and Procedures – Reduction in Force (RIF) Guidelines (07/01/04)

RETENTION POINT COMPUTATION - COVERED PERMANENT STATUS EMPLOYEE

AGENCY: _____ **PROGRAM:** _____

EMPLOYEE NAME: _____ **EIN:** _____ **EMPLOYEE STATUS:** _____

WORK ADDRESS: _____ **WORK TELEPHONE:** _____

CURRENT POSITION NO.: _____ **CLASS CODE:** _____ **GRADE:** _____ **SALARY:** _____

SPECIAL SELECTION FACTORS: _____ (Please provide requisition number): _____

STATE SERVICE RECORD (Beginning with Current Position thru Last Five Years):

FROM MO DAY YR	TO MO DAY YR	AGENCY	EMPLOYEE CLASS CODE	EMPLOYEE CLASS TITLE	EMP. GRADE	EMP. STATUS
	Present					

RETENTION POINTS SUMMARY:

POINTS FOR LENGTH OF SERVICE <small>(In the employee's current class series during the 60 months before the proposed effective date of RIF)</small>	# OF CREDITABLE MONTHS: _____			POINTS: _____ <small>(Max. 60)</small>	Prepared by: _____	Date: _____								
	POINTS FOR PERFORMANCE <small>(Avg. of 3 most recent evaluations in the 24 months concluded before date of proposal for RIF)</small>	<table border="1"> <thead> <tr> <th>DATE</th> <th>RATING</th> <th>AVG. PERF. EVALUATION</th> </tr> </thead> <tbody> <tr> <td>1 -</td> <td>1 -</td> <td rowspan="3"></td> </tr> <tr> <td>2 -</td> <td>2 -</td> </tr> <tr> <td>3 -</td> <td>3 -</td> </tr> </tbody> </table>	DATE	RATING	AVG. PERF. EVALUATION	1 -	1 -		2 -	2 -	3 -	3 -	POINTS: _____ <small>(Max. 60)</small>	Reviewed by: _____
DATE	RATING	AVG. PERF. EVALUATION												
1 -	1 -													
2 -	2 -													
3 -	3 -													
TOTAL RETENTION POINTS	AS OF DATE: _____			TOTAL POINTS: _____	Audited by: _____	Date: _____								

LETTER A
REQUEST FOR RIF APPROVAL

Date

HR Director
ADOA Human Resources Division
100 North 15th Avenue, Suite 261
Phoenix, Arizona 85007

Dear HR Director:

Due to (reason for RIF), and in accordance with A.A.C. Rule R2-5-902, I request approval to conduct a reduction in force within the (agency name).

We believe that the agency and its employees will best be served by conducting this reduction in force on a (geographic, agency, division, unit) basis because (provide reasons for selected area – geographic, agency, division, unit). The reduction in force date is to be effective (proposed effective date). **NOTE: This request must be made 30 working days before the proposed effective date of the RIF; if agency is not able to provide 30 working days notice, provide reason.**

Enclosed is a list of specific state service positions to be eliminated (ATTACH FORM RIF-2) as well as copies of organizational charts which show the state service positions proposed for elimination. Your expeditious approval of this request will be appreciated.

Sincerely,

Agency Director

Enclosures

cc: Agency HR Manager
HR Deputy Director, ADOA

LETTER B
PERMANENT STATUS EMPLOYEE RETENTION POINT NOTIFICATION
AN OPTIONAL LETTER FOR THE AGENCY TO USE IF THERE IS TIME

Date

Hand Delivered [Have employee sign a receipt for the letter and the enclosed A.A.C.]

Employee Name

Address

Address

Dear Mr./Ms. _____:

Due to budget reductions, the Department of _____, (describe impacted area) must reduce the number of its current state service positions. As part of this process, this agency is calculating retention points for permanent status employees in state service positions which may be affected by a reduction in force. Receipt of this letter does not mean that you will be separated from employment. The purpose of this letter is to assure that this agency has properly calculated your retention points.

Retention point calculations are based on length of service and performance evaluations. For length of service, one retention point is available for each credited month of service as a state service employee in the current class series up to 60 months prior to the reduction in force implementation date. Retention points based on performance evaluations are calculated by averaging the scores of a maximum of the three most recent performance evaluations in the two years immediately preceding the reduction in force. For your use and information, A.A.C., R2-5-902, which explains in more detail how points are calculated, is attached.

According to the calculations, your retention points are:

Length of Service Points: _____

Average Performance Evaluation Score: _____

Performance Points: _____

Total Retention Points: _____

Please review our calculations. You may submit a written request to [agency head] for a review of the procedure resulting in this notice. The request must be delivered to [name of person] by 5:00 P.M. on insert date [three working days after date of hand delivery, not counting the date of hand delivery]. The request for review must be based upon an error, contain specific information about the error and include a proposed resolution of the problem. You will receive a response within five working days after receipt of the request. Your personnel file is, as always, available for your use and you may contact [name, phone #, e-mail] with questions about the calculations.

Employee Name
Date
Page

Sincerely,

Agency Director

Enclosure: A.A.C. R2-5-902, Reduction in Force

cc: Employee Personnel File
Agency HR Manager
HR Deputy Director, ADOA

I, (Employee Signature), acknowledge receipt of this Retention Point Notification
and A.A.C. R2-5-902, Reduction in Force, on (date).

LETTER C
JOB OFFER WITHIN AGENCY TO PERMANENT STATUS EMPLOYEE

Date

Hand Delivered [Have employee sign a receipt for the letter and enclosures]

Employee Name
Address
Address

Dear Mr./Ms. _____:

As a result of the reduction in force which is being conducted in this agency, you are offered the following position. The salary noted below was determined in accordance with A.A.C. R2-5-303, Salary Administration.

Class: (class code and title) No probationary period is required.

Grade:

Salary:

Program:

Location:

Person to Contact and Telephone:

Reporting Date and Time*:

***[A.A.C. R2-5-902 requires written notice of at least five working days in advance to each employee identified for transfer, reduction, or separation, unless circumstances beyond the agency's control do not permit this notice. If providing less than five working days' notice, provide what circumstances beyond the agency's control precluded the five days' notice. Sample language follows:]** Due to circumstances beyond the agency's control, specifically, the reductions to the agency's fiscal year budget by the Legislature, we are unable to provide at least five working days' notice; however, notice is being provided as soon as possible as permitted by A.A.C. R2-5-902(F)(1).

THIS IS THE ONLY STATE SERVICE JOB OFFER YOU WILL RECEIVE DURING THIS REDUCTION IN FORCE. TO ACCEPT THIS OFFER YOU MUST RETURN THIS DOCUMENT WITH YOUR SIGNATURE BY (DATE - THREE FULL WORKING DAYS AFTER HAND DELIVERY, NOT INCLUDING THE DAY OF HAND DELIVERY) TO (NAME AND POSITION) AT (LOCATION).

Employee Name

Date

Page ___

You were selected for [**select one:** transfer/reduction] based upon retention points. Retention point calculations are based on length of service and performance evaluations. For length of service, one retention point is available for each credited month of service in your current class series during the 60 months prior to the reduction in force. Retention points based on performance evaluations are calculated using a formula based on the average of a maximum of the three most recent performance evaluations in the two years immediately preceding the date of proposal for a reduction in force. For your use and information, a copy of A.R.S. §41-763.04 and a copy of A.A.C. R2-5-902, which explain in more detail how points are calculated, are enclosed.

According to the calculations your retention points are:

Length of Service Points: _____

Average Performance Evaluation Score: _____

Performance Points: _____

Total Retention Points: _____

[Include the following paragraph if job offer is to a position in a lower grade:]

For the next two years, you may be eligible for a repromotion within this agency to the class in which you held permanent status immediately before the reduction in grade, or to any intervening class in accordance with A.A.C. R2-5-205. To be considered for repromotion, you must submit your repromotion request in writing to (Agency HR Manager), at (Location). A repromotion request form and a copy of A.A.C. R2-5-205 are enclosed with this letter.

Failure to accept this position within the time specified shall constitute a resignation in accordance with A.A.C. R2-5-902(F) which reads, in part:

"Any job offer shall contain a time limitation of not less than 3 working days in which the employee may accept the offer. Failure of an employee to reply in writing within the stated time limit, or failure to accept a job offer, shall constitute a resignation."

In the event of resignation you will be eligible to apply for reinstatement for a period of two years. In such case, you must apply through azstatejobs.gov, the official web site for State of Arizona jobs, and indicate you are applying for reinstatement.

You may accept this position and still request a review of this action if you believe an error has been made. The request should be submitted in writing to **(Agency HR Manager), (Location)**, and must be received by **(3 Working Days after delivery of this letter NOT COUNTING THE DATE OF DELIVERY)**. A.A.C. R2-5-902 (G) specifies that your request must contain specific information about the nature of the error you have identified and a proposed solution to the problem. Your personnel file is, as always, available for review and you may contact [**name, phone number and/or e-mail**] with questions about the calculations.

Employee Name
Date
Page ___

Sincerely,

Agency Director

Enclosures:

A.R.S. § 41-763.04, Reduction in force procedures
A.A.C. R2-5-303, Salary Administration
A.A.C. R2-5-902, Reduction in Force

[If job offer is to a position in a lower grade, also enclose:]

A.A.C. R2-5-205, Identification and Selection of Candidates
Repromotion Request Form

cc: Employee Personnel File
Agency HR Manager
HR Deputy Director, ADOA

I, (Employee Signature) , acknowledge receipt of this Job Offer within Agency and related enclosures on (date) .

[Include as enclosure if job offer is to a position in a lower grade:]

(Agency Letterhead)

Repromotion Request Form

Attn: Agency Human Resources Department

In conjunction with the provisions of A.A.C. R2-5-205(B)(3), please consider this letter my formal written request for repromotion to the class held prior to my reduction in grade or any intervening class.

I understand that repromotion rights are in effect for a period of two years from the effective date of my reduction in grade. I further understand that if I fail to accept a repromotion to the class from which I was reduced, I forfeit continued rights to repromotion.

Employee Name (print or type)

Employee Signature

Date

Verified by Agency Human Resources:

Effective date of reduction in grade: _____

Permanent Status job code: _____

Permanent Status grade: _____

Signed: _____

Date: _____

LETTER D-1
SEPARATION OF PROVISIONAL, CLERICAL POOL OR TEMPORARY EMPLOYEE

(Date) - Hand Delivered

Employee Name
Address
Address

Dear Mr./Ms. _____:

Due to budget reductions, this agency must conduct a reduction in force. I deeply regret to inform you that because of your status as a **[select one: provisional / clerical pool / temporary]** employee, you are being separated effective (date) . This separation is in accordance with A.A.C. R2-5-902(B)(1).

You may submit a written request to Name of Agency Head for a review of the procedure resulting in this notice of separation. The request must be delivered to Name of person by 5:00 P.M. on (Date) ***[three working days after date of hand delivery, not counting the date of hand delivery]***. The request for review must be based upon an error, contain specific information about the error and include a proposed resolution of the problem. You will receive a response within five working days after receipt of the request. You may contact name, phone #, e-mail or name, phone #, e-mail with questions about this action.

If you would like to be considered for other State of Arizona government jobs, please apply through azstatejobs.gov.

Thank you for your service to the Department of Agency Name. Please promptly return any state property you may have in your possession, and contact Name of Agency HR Manager at phone number should you have any questions regarding this action.

Sincerely,

Agency Director

cc: Employee Personnel File
Agency HR Manager
HR Deputy Director, ADOA

(Rev. 11/2011)

LETTER D-2
SEPARATION OF LIMITED ORIGINAL PROBATION, ORIGINAL PROBATION OR
LIMITED EMPLOYEE

(Date) - Hand Delivered

Employee Name
Address
Address

Dear Mr./Ms. _____:

Due to budget reductions, this agency must conduct a reduction in force. I deeply regret to inform you that because of your status as a(n) **[select one: limited original probation / original probation / limited]** employee, you are being separated effective (Date) . This separation is in accordance with A.A.C. R2-5-902(B)(1).

You may submit a written request to Name of Agency Head for a review of the procedure resulting in this notice of separation. The request must be delivered to Name of person by 5:00 P.M. on (Date) **[three working days after date of hand delivery, not counting the date of hand delivery]**. The request for review must be based upon an error, contain specific information about the error and include a proposed resolution of the problem. You will receive a response within five working days after receipt of the request. You may contact name, phone #, e-mail or name, phone #, e-mail with questions about this action.

If you would like to be considered for other State of Arizona government jobs, please apply through azstatejobs.gov. Subject to the operational needs of the agency and with prior supervisory approval, you may be permitted time off with pay to utilize the ADOA Career Center and to interview for other Arizona State government jobs through the effective date of your separation. In addition, check with your supervisor or Human Resources Representative, as you may be eligible for career and transition services at the ADOA Career Center for a reasonable amount of time following your separation. To utilize the Career Center, please call (602) 542-2733 to make an appointment, and bring a copy of this letter to your appointment.

Thank you for your service to the Department of Agency Name. Please promptly return any state property you may have in your possession, and contact Name of Agency HR Manager at phone number should you have any questions regarding this action.

Sincerely,

Agency Director

cc: Employee Personnel File
Agency HR Manager
HR Deputy Director, ADOA

LETTER E
SEPARATION OF PERMANENT STATUS EMPLOYEE

Date

Hand Delivered [Have employee sign a receipt for the letter and the enclosed copies]

Employee Name

Address

Address

Re: Notice of Separation Due to Reduction in Force and Procedure to Request Review

Dear Mr./Ms. _____:

Due to state reason for reduction in force, I regret to inform you that the name of state agency must separate employees. Your employment will end effective date and time. **[A.A.C. R2-5-902 requires written notice of at least five working days in advance to each employee identified for transfer, reduction, or separation, unless circumstances beyond the agency's control do not permit this notice. If providing less than five working days' notice, provide what circumstances beyond the agency's control precluded the five days' notice. Sample language follows:]** Due to circumstances beyond the agency's control, specifically, the reductions to the agency's fiscal year budget by the Legislature, we are unable to provide at least five working days' notice; however, notice is being provided as soon as possible as permitted by A.A.C. R2-5-902(F)(1).

Retention point calculations affect which employees will be separated. Retention point calculations are based on length of service and performance evaluations. For length of service, one retention point is available for each credited month of service as a state service employee in the current class series during the 60 months prior to the reduction in force implementation date. Retention points attributable to performance are calculated using a formula based on the average of a maximum of the three most recent performance evaluations in the two years immediately preceding the reduction in force. For your use and information, a copy of A.R.S. §41-763.04 and a copy of A.A.C. R2-5-902, which explain in more detail how points are calculated, are enclosed.

According to our calculations your retention points are:

Length of Service Points: _____

Average Performance Evaluation Score: _____

Performance Points: _____

Total Retention Points: _____

You may submit a written request to the title of agency head for a review of the calculation of your retention points or this notice of separation. The request must be delivered to name of person by 5:00 p.m. on date. **[Three working days after date of hand delivery, not counting the date of hand delivery]**

Employee Name
Date
Page ____

The request for review must be based upon an error, contain specific information about the error and include a proposed resolution of the problem. You will receive a response within five working days after receipt of the request. Your personnel file is, as always, available for your use and you may contact name, phone #, e-mail or name, phone #, e-mail with questions about the calculations.

If you would like to be considered for other State of Arizona government jobs, please apply through azstatejobs.gov. Subject to the operational needs of the agency and with prior supervisory approval, you may be permitted time off with pay to utilize the ADOA Career Center and to interview for other Arizona State government jobs through the effective date of your separation. In addition, check with your supervisor or Human Resources Representative, as you may be eligible for career transition services at the ADOA Career Center for a reasonable amount of time following your separation. To utilize the Career Center, please call (602) 542-2733 to make an appointment, and bring a copy of this letter to your appointment.

If you separate employment, you are entitled to be considered for reemployment for two years from the effective date of your separation. In such case, you must apply through azstatejobs.gov, the official web site for State of Arizona jobs, and indicate you are applying for reemployment. You are eligible for reemployment in positions in the class in which you held permanent status at the time of separation immediately prior to the reduction in force and for all classes at the same or lower grade for which you are qualified.

Your contributions to the Agency Name are appreciated.

Sincerely,

Agency Head

Enclosures:

A.R.S. § 41-763.04, Reduction in force procedures
A.A.C. R2-5-902, Reduction in Force

cc: Employee Personnel File
Agency HR Manager
HR Deputy Director, ADOA

I, (Employee Signature), acknowledge receipt of this Notice of Separation Due to Reduction in Force and related enclosures on (date).

LETTER F
STATE SERVICE EMPLOYEE REPROMOTION OFFER
(Intervening Class)

Date

Hand Delivered [Have employee sign a receipt for the letter]

Employee Name

Address

Address

Dear Mr./Ms. _____:

On (date), as a result of a reduction in force, you were reduced in class and grade from (former class, grade and salary) to (present class, grade and salary). Based on your retention point ranking, I am authorized to present you with the following repromotional state service job offer. I encourage you to contact the supervisor listed below for details. The salary noted below was determined in accordance with A.A.C. R2-5-303, Salary Administration.

Class: (class code and title)

Grade:

Salary:

Program:

Location:

Supervisor and Telephone:

Reporting Date and Time:

If you decide to accept the state service position, you will not be required to serve a promotional probationary period. Your opportunities for further promotion will continue regardless if you accept or reject this job offer.

Please indicate acceptance or rejection of this offer along with your signature and date below. Then return this letter to (LOCATION), no later than 5:00 p.m. on (3 or more business days). If your written acceptance has not been received at (LOCATION) by **5:00 p.m. on** (list the same date as above) we will take this as a rejection of this repromotion offer. Because this offer is to an intervening class, you will remain eligible for promotion positions.

Employee Name
Date
Page ____

Sincerely,

Agency Director

This offer of repromotion was delivered to me on _____ at _____
(Date) (Time)

(Employee Signature)

BY _____ Signature
(name of person delivering offer)

Having read and understood the above conditions, I chose to
_____ this offer of repromotion.
(accept/reject)

(Employee Signature Line) (Date)

cc: Employee Personnel File
Agency HR Manager
HR Deputy Director, ADOA

LETTER G
STATE SERVICE EMPLOYEE REPROMOTION OFFER

(Previous Class – Class in Which Employee Held Permanent Status Preceding RIF)

Date

Hand Delivered [Have employee sign a receipt for the letter]

Employee Name

Address

Address

Dear Mr./Ms. _____:

On (date), as a result of a reduction in force, you were reduced in class and grade from (former class, grade and salary) to (present class, grade and salary). Based on your retention point ranking, I am authorized to present you with the following repromotional state service job offer. I encourage you to contact the supervisor listed below for details. The salary noted below was determined in accordance with A.A.C. R2-5-303, Salary Administration.

Class: (class code and title)

Grade:

Salary:

Program:

Location:

Supervisor and Telephone:

Reporting Date and Time:

If you decide to accept the state service position, you will not be required to serve a promotional probationary period. If you reject the offer, you will forfeit further repromotion opportunities. A.A.C. R2-5-205(B)(3)(b) reads in part:

An employee who fails to accept a repromotion to the class from which the employee was reduced shall not continue to be considered for repromotion.

Rejection of the offer, however, will not affect your opportunity to make application for promotion under normal procedures.

Employee Name
Date
Page

Please indicate acceptance or rejection of this offer along with your signature and date below. Then return this letter to (LOCATION), no later than 5:00 p.m. on (3 or more working days from this letter). **If your written acceptance has not been received at (LOCATION) by 5:00 p.m. on (DATE), we will take this as a rejection of this repromotion offer and you will no longer be considered for repromotion opportunities.**

Sincerely,

Agency Director

This offer of repromotion was delivered to me on _____ at _____
(Date) (Time)

(Employee Signature)

by _____ Signature
(name of person delivering offer)

Having read and understood the above conditions, I chose to _____
(accept/reject)
this offer of repromotion.

(Employee Signature Line)

(Date)

cc: Employee Personnel File
Agency HR Manager
HR Deputy Director, ADOA