



# Layoff Plan and Request for Preliminary Seniority Scores

California Department of Human Resources  
State of California

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DATE:

TO: Personnel Management Division  
Department of Human Resources  
1515 "S" Street, North Bldg., Suite 500  
Sacramento, CA 95814

FROM:

SUBJECT: Layoff Plan and Request for Preliminary Seniority Scores

Department Name:

## Section I - Background/Justification

## Section II- Preliminary Seniority Scores Report

Department Name:

Preliminary seniority scores are requested for the following classes in the areas shown (if additional space is needed, attach more pages): **\*Note: List Exact Agency Code(s) of Where Each Position is Located.**

Class Code	Class Title	CBID	Number of Incumbents		Area of Layoff	
			Total	Surplus	Agency Code	County Code

**Section III - Certifications by Requesting Department**

Please certify that each of the following has been accomplished prior to submitting this request to the Department of Human Resources (CalHR) by initialing in the space provided.

\_\_\_\_\_  
(Initial) (a) Permanent intermittent dates and hours of work have been posted to employees' work histories. (You should have contacted your Personnel Management Division [PMD] Analyst to determine the date to post through.)

\_\_\_\_\_  
(Initial) (b) Affected employees have been surveyed for prior exempt service using CalHR Form 004.

- No prior service indicated.
- Prior exempt service included.
- Prior exempt service, documentation is pending.

\_\_\_\_\_  
(Initial) (c) Demotional charts are attached to this request

\_\_\_\_\_  
(Initial) (d) A list of classes and numbers of positions to be designated surplus or SROA/Super SROA is attached.

Department's Verifying/Initialing Officer

[Empty box for Printed Name]

[Empty box for Position Title]

[Empty box for Telephone Number]

Printed Name

Position Title

Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CalHR Approval**

I certify that sections I, II, and III of this request have been completed.

\_\_\_\_\_  
Signature (PMD Analyst)

\_\_\_\_\_  
Date

I have reviewed plan and approve release of notice to the Union and/or Excluded Organization.

\_\_\_\_\_  
Signature (Labor Relations)

\_\_\_\_\_  
Date