

LETTER G

SEPARATION OF COVERED PERMANENT STATUS EMPLOYEE

Date

Hand Delivered

Employee Name
Address
City, State, Zip Code

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

Dear Employee Name:

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). **[State Personnel System Rule R2-5B-602 requires written notice of at least five business 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 business 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 business days' notice; however, notice is being provided as soon as possible as permitted by State Personnel System Rule R2-5B-602(E).

Retention point calculations affect which employees will be separated. Retention points 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, copies of A.R.S. § 41-772, State Personnel Rule R2-5B-602, and Form RIF-3, which explain in more detail how points are calculated, are attached.

Your retention points are:

Evaluations	Date Evaluation Completed	Type of Evaluation – MAP or Other	Original Performance Score	Converted Performance Score
Most Recent Performance Evaluation (if issued within last 24 months):				
2 nd Most Recent Performance Evaluation (if issued within last 24 months):				
3 rd Most Recent Performance Evaluation (if issued within last 24 months):				
Final Score Used to Determine Retention – Average of the converted scores				

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 business 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 business days after the agency's receipt of the request. Your personnel file is, as always, available for your use and you may contact [\(name, phone number, email address\)](#) or [\(name, phone number, email address\)](#) with questions about the calculations.

If you would like to be considered for other State of Arizona government positions, 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 Head Name](#)
[Agency Head Title](#)

I, _____, acknowledge receipt of this notice of separation on
(Signature)

(date)

c: Employee Personnel File
Agency Human Resources Manager