

# State Personnel System



# GUIDE TO EMPLOYEE TRANSITION

Division of Human Resource  
Management

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DEPARTMENT OF MANAGEMENT  
**SERVICES**

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## **INTRODUCTION**

The State Personnel System is committed to successfully transitioning Career Service employees who are impacted by a layoff and other employees who are terminated due to budget reductions, program reductions or other such actions. To this end, it is vital that each agency develop a Workforce Transition Plan as a uniform course of action to ensure that agency services to the public are not disrupted and that adversely affected employees receive timely and relevant communication and assistance during the transition process.

These guidelines are designed to assist the agencies in:

- ✓ Developing a Workforce Transition Plan;
- ✓ Forming a Workforce Transition Team; and
- ✓ Assisting employees with transitioning into new employment opportunities.

## **THE WORKFORCE TRANSITION PLAN**

The purpose of this plan is to establish a uniform course of action for agencies when a layoff is necessary. This may occur as a result of budget changes in authorized, filled, or vacant positions, program reductions resulting from outsourcing or privatization efforts, program phase-outs, elimination of grants, or other actions.

This plan is intended to ensure that agency services to the public and to agency employees are not disrupted as a result of a layoff, as well as to ensure that adversely affected employees receive timely and relevant information.

A Workforce Transition Plan (**Sample Plan – Appendix A**) shall be approved by the Department of Management Services and shall include the following:

- ✓ A listing of the Workforce Transition Team;
- ✓ A communications plan to notify all employees about a workforce reduction, and to notify unions, the Department of Management Services, the Agency for Workforce Innovation, the Regional Workforce Boards (<http://www.workforceflorida.com/boards/index.htm>), other state agencies, and community resources;
- ✓ An assessment for determining the positions to be deleted and retained;
- ✓ An assessment of the impact of the positions to be deleted on the agency, if applicable;
- ✓ An employee assessment process;
- ✓ A strategy for assisting adversely affected employees, including re-employment and retraining assistance; and
- ✓ A system to track placement activities.

## **THE WORKFORCE TRANSITION TEAM**

The Workforce Transition Team's mission within the agency is to facilitate the orderly transition of employees in the event of a layoff.

This team's membership should include key leaders in Administration, Human Resource Management, Communications, Legal, and the leaders of the affected divisions and bureaus. In the event of outsourcing or privatization of an agency function, the Transition Team should include a representative of the contractor as a team member.

The Workforce Transition Team should consider the following:

- ✓ Identifying any administrative actions prior to beginning the workforce transition process such as a temporary hiring freeze in order to place adversely affected employees;
- ✓ Evaluating programmatic needs to accomplish the agency's core mission;
- ✓ Scheduling informational meetings with agency employees regarding program changes;
- ✓ Providing appropriate notification to adversely affected employees, applicable employee unions and the Department of Management Services, Division of Human Resource Management;
- ✓ Identifying alternative employment opportunities for adversely affected employees;
- ✓ Updating the State's [Workforce Transition Spreadsheet](#) to include adversely affected employees (**Required**). The Workforce Transition Spreadsheet can be found on the DMS/HRM website under the "Forms" section at: [http://dms.myflorida.com/human\\_resource\\_support/human\\_resource\\_management/for\\_state\\_hr\\_practitioners/forms](http://dms.myflorida.com/human_resource_support/human_resource_management/for_state_hr_practitioners/forms);
- ✓ Tracking the Workforce Transition Activities (**Appendix B**);
- ✓ Utilizing information in the human resource information system to identify available positions in other agencies;
- ✓ Notifying and coordinating with the Agency for Workforce Innovation's, Reemployment Emergency Assistance Coordination Team (AWI/REACT) and the Regional Workforce Board(s) to assist adversely affected employees; and
- ✓ Coordinating with the agency's provider for Employee Assistance Program needs.

## **COMMUNICATION**

Communication is a key factor in the success of a workforce transition. All employees – not just the affected ones – must be kept abreast of all developments. Communications must be initiated as early as possible, be continuous, and open and honest to both adversely affected and remaining employees regarding agency staffing changes. Clear avenues for employees to seek and obtain information and assistance must be established. When employees experience a genuine level of commitment to the full placement of all adversely affected employees, agency morale as a whole will remain more positive throughout the change process.

The communications plan should include, but is not limited to:

- ✓ A reasonable effort to provide the affected employees with written notice of a layoff or termination (**Appendix C – Sample Letters**) in accordance with applicable statutes, Section [60L-33.004\(4\)](#), Florida Administrative Code, and collective bargaining agreements.
- ✓ A process for notifying DMS and Collective Bargaining agents of any pending layoff (**Appendix D**).
- ✓ A process for providing affected Career Service employees information regarding any options they may have regarding their accumulated leave and insurance following layoff. This includes providing a means for the employee to inform the agency of the options they have selected (**Appendix E**).
- ✓ A process for providing information on the layoff through weekly e-mails, town meetings, website updates and meetings with team representatives. The plan may include interfacing with local news media, local employers, and other interested parties.
- ✓ Information regarding employment placement assistance, employee assistance program counseling, continuation of benefits, and other pertinent information.
- ✓ Meetings with affected employees to explain the workforce transition process.
- ✓ A process for communicating employment related services available through the Agency for Workforce Innovation and the Regional Workforce Boards.
- ✓ Information regarding the employee's responsibility during the workforce transition process.

## **AGENCY ASSESSMENTS**

Each organizational unit within an agency must assess the functions currently performed to identify functions essential to the agency's core mission. Position reductions should first target those functions deemed less essential to the agency's core mission. During this process, consideration must be given to:

- ✓ State and federal requirements related to each program area;
- ✓ The priorities and goals of the agency;
- ✓ Functions that are not a part of the core mission;
- ✓ The organizational structure requirements needed to accomplish the core mission;
- ✓ The knowledge, skills and abilities the remaining employees must have in order to accomplish the core mission of the affected entity;
- ✓ The fiscal/budgetary responsibilities; and
- ✓ The current year's General Appropriations Act (GAA).

If the layoff involves law enforcement, correctional officers, firefighters, or professional health care employees, the agency must also:

- ✓ Identify the competitive area: The competitive area is the area within the agency in which the layoff will be conducted and in which those employees affected may exercise retention rights to reassignments and demotions.
  - Consider similarity of work, which may include any special qualifications required for positions; the organizational unit; and the commuting area for the affected workers.
- ✓ Identify positions for selective competition: Selective competition is the process of excluding positions within the competitive area of the layoff due to unique or specific qualifications associated with those positions and which differentiate them from other positions in the class or occupational level.
  - Consider unique or specific position qualifications and/or knowledge, skills and abilities as identified on the position description that differentiates them from other positions in the class or occupational level.
- ✓ Plan for the calculation of retention points.
- ✓ Assess the effect of "bumping" within the competitive area.



## **EMPLOYEE ASSESSMENTS**

Employee assessments are a critical element of the workforce transition process. Agencies should ensure that employee assessments are conducted in accordance with applicable statutes, rules and collective bargaining agreements.

### **Career Service Employees**

This section applies to all Career Service employees with the exception of law enforcement, correctional officers, firefighters, and professional health care providers. In accordance with Section [110.227](#), Florida Statutes, and Rule [60L-33.004](#), Florida Administrative Code, consideration shall be given to the comparative merit, demonstrated skills, the employee's experience and length of service in the State Personnel System, when evaluating employees for a layoff. Comparative merit is the comparison of employees' value, in relationship to each other, taking into consideration overall performance, skills, experience and the ability of the employee to accomplish the mission and goals required of the residual program area.

- ◆ It is suggested that employee performance reviews be completed for all employees that have not been reviewed within the last twelve months or have not been reviewed since a major change in the duties and responsibilities of their position. In addition, all employees should be rated on the elements of initiative, fairness, cooperation, respect, commitment, honesty, excellence, and teamwork when determining comparative merit.

Consider the employee's performance factors. For example does the employee:

- ✓ Demonstrate commitment to the agency's mission and goals by improving the value and quality of services?
- ✓ Demonstrate commitment to creating a more effective and efficient government?
- ✓ Continually improve the way business is conducted by reducing process time, outputs, and/or desired results?
- ✓ Demonstrate initiative?
- ✓ Meet or exceed job expectations consistently?
- ✓ Demonstrate leadership?
- ✓ Display cooperation, fairness, and objectivity when working with others inside and outside the agency?
- ✓ Demonstrate respect for other employees, superiors, and the public?
- ✓ Demonstrate excellence in producing quality work products?
- ✓ Communicate effectively with others inside and outside the agency?
- ✓ Demonstrate accountability, reliability, and integrity in accomplishing tasks?
- ✓ Contribute to and work well within a team?
- ✓ Have any recent or uncorrected discipline issues relevant to his or her performance that will impact their ability to accomplish the mission and goals of the residual program?

- ◆ It is also suggested that agencies conduct an evaluation of the demonstrated skills and abilities of each employee as they relate to the skills required to accomplish the mission and goals of the residual program or conduct a work sample to evaluate new skills and/or abilities that may be required.

Consider the employee's experience, skills and abilities. For example, does the employee:

- ✓ Have relevant and sufficient experience necessary to accomplish the mission and goals of the residual program area?
- ✓ Have required skills and abilities to accomplish the mission and goals of the residual program area?

Identify related personal, educational, public and private work experience of each employee. Review the personnel file for prior experience and knowledge, skills, and abilities and interview the employee, if appropriate.

- ◆ Ensure that Federal and State Compliance Requirements are observed

- ✓ All applicable federal or state regulations and requirements including Veterans' preference, Equal Employment Opportunity and the Americans' with Disabilities Act must be observed.
- ✓ If applicable, award Veterans' preference in accordance with [Chapter 295](#), Florida Statutes and Rule [55A-7.015](#), Florida Administrative Code. In accordance with Rule [55A-7.011](#), F.A.C., if a point system is not utilized by the covered employer, document how special consideration was afforded during each step of the retention determination process.

### **Law Enforcement, Correctional Officers, Firefighters and Professional Health Care Employees**

In accordance with Section [110.227\(3\)](#), Florida Statutes, and respective collective bargaining agreements, layoffs involving law enforcement, correctional officers, firefighters and professional health care employees shall be conducted within the competitive area. The agency must request in writing approval from the Department of Management Services for the competitive area including a list of affected occupations, broadband codes, position numbers, location, collective bargaining unit(s) and written rationale.

The agency's layoff procedures should include a process for determining the relative merit and fitness of employees and a formula for uniform application among all employees in the competitive area, taking into consideration the type of appointment, the length of service and the evaluations of the employee's performance within the last 5 years of employment. More detailed procedures on how to affect the layoff are contained in Article 8 of the appropriate collective bargaining agreement.

Collective bargaining agreements can be found on the DMS/HRM website at: [http://dms.myflorida.com/human\\_resource\\_support/human\\_resource\\_management/for\\_state\\_hr\\_practitioners/collective\\_bargaining](http://dms.myflorida.com/human_resource_support/human_resource_management/for_state_hr_practitioners/collective_bargaining).

**Selected Exempt Service and Senior Management Service Employees**

Sections [110.403](#) and [110.604](#), Florida Statutes, state that Selected Exempt Service and Senior Management Service employees serve at the pleasure of the agency head. As such, they have no rights for retention in layoffs. However, agencies are encouraged to provide assistance to all affected employees in the manner that is deemed appropriate by the agency.

## **EMPLOYMENT PLACEMENT STRATEGY**

### Preparation

It is the State's and each agency head's goal to provide assistance to all employees who are affected by a pending layoff and to assist them with job searches, training and placement assistance.

The agency's strategy for placing affected employees should involve those employees, encouraging them to be active in the process of finding future employment. The Workforce Transition Team members may be available to assist employees in seeking jobs and to answer employees' questions about the workforce transition and sources of job vacancies and other community resources.

The State Personnel System's Employee Assistance Program will be available to provide counseling services to assist employees needing assistance and support, which may include stress counseling and financial management counseling.

### Outsourcing or Privatization

In accordance with Section [287.0571\(5\)\(h\)](#), Florida Statutes, each agency shall develop job placement policies for employees affected by an outsourcing initiative. Policies should include, but not be limited to, requiring that each impacted state employee who is interested in employment with the private company be interviewed by the contractor and considered for job placement within the company.

### Employee placement strategies will include the following:

- ✓ **Internal Placement Assistance within the State Personnel System** -- Efforts should be made to retain valued employees affected by a layoff. Every effort will be made to identify vacant positions and match the adversely affected employee's skills with the requirements of available vacant positions.

At the beginning of the notification process, affected employees shall be provided with a packet of information to include the following documents:

- ✓ State of Florida Employment Application (if not already provided, available online at <http://peoplefirst.myflorida.com/logon.htm> to obtain copy and/or for job opportunities online) ;
- ✓ Personal Interest Form; (**Appendix F**);
- ✓ Benefits information in the event of a layoff (**Appendix G**); This information should also be included with any final notices of layoff or termination;
- ✓ [Employee Assistance Program](#) information;
- ✓ Where applicable, notification of bumping rights and information regarding the position to which they will bump based on their points; and
- ✓ When applicable, employment opportunities with the outsourcing contractor.

Other information that may be included in the packet of information includes:

- ✓ Community Resource Guide (several pages of telephone numbers for local services such as family crisis, credit counseling, support groups, etc.);
- ✓ Government website list (listing of government websites that provide information on benefits, job searches, unemployment compensation, etc.) (**Appendix H**);
- ✓ Information regarding services offered by the AWI/REACT program and by the Regional Workforce Boards to include training opportunities;
- ✓ Telephone counseling and referral service pamphlet;
- ✓ A guide on how to prepare a resume;
- ✓ A list of state government human resource offices; and
- ✓ A list of employers covered under the Florida Retirement System.

Individuals assigned to assist adversely affected employees should have access to all layoff regulations and manuals, access to advertised state government job vacancies, the address and phone numbers of the Regional Workforce Boards, found at <http://www.workforceflorida.com/boards/index.htm>. They should also address the following and record the appropriate information on the Placement Activities Checklist (**Appendix I**).

- ✓ Personal interest form
- ✓ Mobility
- ✓ Level of job the affected employee is seeking
- ✓ Demotion opportunities
- ✓ Reassignment options
- ✓ Veterans' Preference (DD214 or other verifying material)
- ✓ Positions for which the affected employee is qualified
- ✓ Application Transmittal Form (**Appendix J**)
- ✓ Website for the state vacancy listings (<http://peoplefirst.myflorida.com/logon.htm>). Under the heading "Job Seekers Logon", click the Logon button or select a region on the map to search for jobs.
- ✓ Where applicable, bumping rights and information regarding the position to which the employee will bump based on their points; and
- ✓ When applicable, employment opportunities with the outsourcing contractor.

#### Right of First Interview

In accordance with Rule [60L-33.004\(3\)](#), F.A.C., a Career Service employee that has met the probationary requirements of their current position and is facing layoff shall have an opportunity for first interview within any agency for a Career Service vacancy for which the employee is qualified (meets the knowledge, skills and abilities of the position) and has

applied and faxed a copy of the layoff letter to the People First Service Center with the position requisition number on the cover sheet. All reasonable steps should be taken to place laid off employees in existing vacancies within the State Personnel System. As a good business practice, consideration should also be provided for all other adversely affected employees.

- ✓ **External Placement Assistance** -- If the employee cannot be placed internally, the agency will work with the Agency for Workforce Innovation's Reemployment and Emergency Assistance Coordination Team (AWI/REACT) program to help place adversely affected employees in other state agencies, local government or the private sector through their existing programs and in accordance with their Rapid Response Plan. The AWI/REACT in cooperation with local Regional Workforce Boards will assist agencies in mobilizing resources to provide assistance to these impacted state employees. The earlier this process begins the greater opportunity for success. An early start also minimizes the potential for disruption of the State's business.

The AWI/REACT coordinates assistance for state employees through Regional Workforce Boards and their One-Stop Service Centers. Rapid response assistance for dislocated state employees may include:

- ✓ Sending employees information on job placement assistance and other local One-Stop Career Center services;
- ✓ Sending state applications to agencies with openings;
- ✓ Soliciting jobs from private, city and county governmental agencies;
- ✓ Providing assistance in resume writing and in completing state applications;
- ✓ Conducting follow-ups on job interviews and offer assistance;
- ✓ Arranging local informational sessions;
- ✓ Providing employees information on filing for Unemployment Compensation;
- ✓ Providing information on dealing with change;
- ✓ Providing referrals to the nearest One-Stop Career Center;
- ✓ Providing website addresses with job openings;
- ✓ Identifying employment opportunities for affected employees;
- ✓ Completing workers' reemployment transitional surveys;
- ✓ Arranging for the entry of employees' resume information into skill data banks; and
- ✓ Conducting job fairs.

When the AWI/REACT receives notice of a state layoff, the AWI/REACT coordinates with the affected agency, the area Regional Workforce Board, and the local One-Stop Career Centers.

The state agency may help in facilitating the rapid response activities by:

- ✓ Providing AWI/REACT, if possible, with a 60-day advance notice of layoff;

- ✓ Identifying state and local level agency contacts;
- ✓ Completing the Workforce Transition Spreadsheet and forwarding it to AWI/REACT with a copy to DMS/HRM as soon as practicable after the adversely affected Career Service employees are identified for layoff;
- ✓ Providing copies of resumes and state applications of affected employees;
- ✓ Identifying the Employee Assistance Programs (EAP) provider and EAP benefits;
- ✓ Identifying facilities for temporary re-employment office(s);
- ✓ Identifying time and facilities for employees' informational sessions; and
- ✓ Providing periodic updates on the layoff status of affected Career Service employees to AWI/REACT and DMS/HRM using the Workforce Transition Spreadsheet.

The AWI/REACT Central Office associates respond by:

- ✓ Updating the master Workforce Transition Spreadsheet on a weekly basis from activity reports received from the affected agencies, Regional Workforce Boards and One-Stop Service Centers; and
- ✓ Sending reports as requested to the Governor's Office and others requesting information regarding the status of reported layoff activities.

Additional information regarding the services provided by AWI/REACT can be found on the AWI website at <http://www.floridajobs.org/workforce/REACT.html> .

## **EMPLOYEE RESPONSIBILITIES**

Employees must be actively engaged in job search activities by:

- ✓ Working with their agency human resource office and the Regional Workforce Board(s);
- ✓ Reviewing statewide advertised vacancy listings on a regular basis;
- ✓ Maintaining a record of all employment applications submitted using the Employee Application Summary (**Appendix K**) form; and
- ✓ Notifying their human resource office of all scheduled employment interviews;



## **RECORD KEEPING**

Records in the format provided by the Department of Management Services, Human Resource Management, shall be kept for all employees impacted by a layoff. These include:

- ✓ The agency's transition plan;
- ✓ Input and maintenance of the Workforce Transition Spreadsheet; and
- ✓ Workforce Transition Activities tracking.

## **APPENDICES**

## APPENDIX A

**(Sample)**  
**WORKFORCE TRANSITION PLAN**  
for  
**DEPARTMENT OF *[insert name of department]***

It is the goal of this agency to provide assistance to each employee who is affected by a pending layoff situation, to assist them with job searches, training and placement in a new job. Toward that end, we have created this Workforce Transition Plan to ensure every effort is made to provide a smooth transition for our adversely affected employees.

### ***Workforce Transition Team***

The agency's Workforce Transition Team will be comprised of the following persons: ***[list your agency team - names and titles]***

#### **An example of an Agency's team is as follows:**

***[name], Deputy Secretary***  
*[name], Director, Division of Administration*  
*[name], Director of Human Resource Management*  
*[name], Communications Director*  
*[name], Budget Director*  
*[name], Legal*  
*[name], Labor Relations*  
*[name], Agency for Workforce Innovation, REACT Program*  
*[name], Employee Assistance Program Contractor, if appropriate*  
*[name], Division Director(s) of affected division(s) (optional, as needed)*  
*[name], Bureau Chief (s) of affected bureau(s) (optional, as needed)*  
*[name], Agency Contact and phone number*  
*[name], Job Transition Representative*  
*[name], Private Contractor, if applicable*

### ***Communications Plan***

#### ***For example:***

*The agency will provide open, honest and continuous communication to both affected and non-affected employees regarding agency staffing changes, as well as provide clear avenues for employees to seek and obtain information and assistance.*

**Assessment of the positions to be deleted and the mission and goals of the residual program**

Identify positions and programs and/or services to be affected.

**For example:**

To meet fiscal obligations, the agency must eliminate XXX positions. These positions are located within the program area(s) of YYY and ZZZ.

The agency has reviewed our mission, goals, objectives and service outcomes to determine which functions that are required and those that are not a part of the core mission. During this process, consideration was given to:

- The state and federal requirements related to each administrative area.
- The priorities and goals of the agency.
- The components that are not a part of the core mission.
- The organizational structure requirements to accomplish the core mission.
- The knowledge, skills and abilities the remaining employees must have in order to accomplish the core missions.

All efforts will be made to minimize impacts to customers and continue to focus on agency priorities and goals.

**Assessment of the Employees** (Need to review for collective bargaining impact)

Identify how comparative merit, demonstrated skills, experience and length of service of employees will be determined.

**For example:**

- The agency will review the employees' performance standards/expectations, completed performance evaluations and any other documentation that supports the employees' performance.
- If the employee has not been rated within the last twelve months or since a major change in duties and responsibilities of their position, a new evaluation will be completed.
- In addition, the elements of initiative, fairness, cooperation, respect, commitment, honesty, excellence, and teamwork shall be evaluated for all employees within the program area.
- The agency will evaluate the skills of each employee as they relate to the skills required to accomplish the mission and goals of the residual program or will conduct a work sample to evaluate new skills that may be required.
- The agency will have each employee complete an application and/or resume to identify related personal, educational and public or private work experience.
- The agency will review the completed performance evaluations, and skills demonstrated, along with the completed applications and/or resumes. This information will be used to compare the employees' value in relationship to other employees, taking into consideration the overall performance, skills, experience and ability of each employee to accomplish the mission and goals required in the residual program area.

### **Placement Strategy**

**For example:**

*We will work with the Agency for Workforce Innovation/REACT, in cooperation with local workforce boards, the Department of Management Services, other state agencies, and private industry, to provide placement assistance to affected employees. This assistance will be provided as specified in the Workforce Transition Guidelines.*

### **Strategy for Monitoring Placement Efforts**

**For example:**

*The agency will monitor internal and external placement efforts by inputting required data relative to affected employees in the Department of Management Services' Spreadsheet, and provide updates as events occur.*

### **Workforce Transition Team Responsibilities**

The Workforce Transition Team of the Department of ***[insert name of department]*** is responsible for overseeing and administering the layoff and employee transition. The Workforce Transition Team Work Plan will be used as a record of each individual step in the transition process.

**APPENDIX B**

Workforce Transition Activities - Sample

	<b>TASK</b>	<b>DATE</b>	<b>COMMENTS</b>
<b>Job Transition Preparation</b>	<i>Submitted Workforce Transition Plan</i>		
	<i>Identified Vacant Positions</i>		
	<i>Reviewed and/or established the mission and goals for any residual unit</i>		
<b>Communication Plan</b>	<i>Information provided to agency employees</i>		
	<i>Notice provided to adversely affected employees (including benefit information).</i>		
	<i>DMS/HRM notified</i>		
	<i>Applicable union(s) notified</i>		
	<i>AWI/REACT notified</i>		
	<i>Emails, websites, Intranet updates utilized</i>		
	<i>Newsletters utilized</i>		
	<i>Personal visits, town meetings, informational meetings completed</i>		
	<i>News media utilized</i>		
	<i>Coordinated with EAP provider</i>		
<b>Determination of Comparative Merit, Length of Service, Experience and Skills – Career Service positions excluding law enforcement,</b>	<i>Reviewed employees’ performance standards/expectations and completed performance evaluations</i>		
	<i>Completed new evaluation if employee has not been rated within the last twelve months or since a major change in duties/responsibilities of their position</i>		

	<b>TASK</b>	<b>DATE</b>	<b>COMMENTS</b>
<b>correctional officers firefighters and professional health care employees</b>	<i>Evaluated the demonstrated skills of each employee as they relate to the skills required to accomplish the mission and goals of the residual program; or conducted a work sample to evaluate new skills required</i>		
	<i>Received each employee's complete application and/or resume to identify related personal, educational and public or private work experience</i>		
	<i>Reviewed completed performance evaluations and demonstrated skills, along with completed applications and/or resumes</i>		
	<i>Compared the employees' value in relationship to other employees, the employee's overall performance, skills, experience, and ability to accomplish the mission and goals required of the residual program area</i>		
	<i>Calculated employees' length of service in the State Personnel System.</i>		
<b>Determine Retention Points - Law Enforcement, Correctional Officers, Firefighters and Professional Health Care Unit Employees</b>	<i>Follow applicable collective bargaining agreement</i>		
<b>Placement Strategy</b>	<i>Assessed KSAs</i>		
	<i>Identified internal agency placement opportunities</i>		
	<i>Contacted and coordinated with AWI/REACT and Regional Workforce Boards</i>		

	<b>TASK</b>	<b>DATE</b>	<b>COMMENTS</b>
	<i>Contacted local employers</i>		
<b>Monitoring Placement Activities</b>	<i>Entered initial data in Workforce Transition spreadsheet and submitted it to AWI and DMS/HRM as soon as practicable after the affected Career Service employees are identified for layoff</i>		
	<i>Updated Workforce Transition spreadsheet and submitted it to AWI and DMS/HRM as necessary</i>		
<b>Other</b>			



**APPENDIX C-1, SAMPLE LETTER 1**

***NOTIFICATION TO POTENTIALLY AFFECTED EMPLOYEES***

<Date> Certified Mail  
**Return Receipt Requested or  
Hand Deliver**

<Name>  
<Address> Received by: \_\_\_\_\_  
<City, State, Zip Code> Witness: \_\_\_\_\_  
Date: \_\_\_\_\_

Dear <Name>:

Changes in the <department/division/bureau>'s budget have made it necessary to reduce the number of department positions. The position(s) to be deleted has/have not been determined at this time. This is an effort to inform you prior to beginning the formal layoff process.

Once the position(s) to be deleted is/are determined, if your position is affected, you will be notified.

If you have any questions concerning this action, please call <contact person> at <phone number>.

Please be assured that the department will do as much as possible to assist affected employees in securing continued employment.

<closing>

cc: Personnel File

## APPENDIX C-2, SAMPLE LETTER 2

### **NOTIFICATION TO AFFECTED EMPLOYEE**

<Date> Certified Mail  
**Return Receipt Requested or  
Hand Deliver**

<Name>  
<Address> Received by: \_\_\_\_\_  
<City, State, Zip Code> Witness: \_\_\_\_\_  
 Date: \_\_\_\_\_

Dear <Name>:

Recent changes in our budget make it necessary to reduce the number of positions at [agency]. With regret, I must inform you that your position will end on the close of business, [weekday, date].

Please be assured that my team will do as much as possible to help you find another job. To help us with this process, please do the following:

- Complete the attached personal interest form.
- Complete a State of Florida job application. Forms are available on the People First website at <https://peoplefirst.myflorida.com/logon.htm> on the lower left-hand side of the screen.
- Send both forms to your Human Resource Office within seven days of receiving this letter.

You may also receive support through the Agency for Workforce Innovation's Reemployment and Emergency Assistance Coordination Team (REACT). REACT provides employment assistance services to you at no cost. Call (850) 921-3326 or visit the REACT website at <http://www.floridajobs.org/workforce/REACT.html> for more information.

Again, I regret having to take this action. If you have any questions, please call the Human Resource Office at [phone].

<closing>

Attachments

cc: Personnel File

### APPENDIX C-3, SAMPLE LETTER 3

#### **SELECTED EXEMPT SERVICE EMPLOYEE NOTICE**

<Date>

Certified Mail  
Return Receipt Requested or  
Hand Deliver

<Name>  
<Address>  
<City, State, Zip Code>

Received by: \_\_\_\_\_  
Witness: \_\_\_\_\_  
Date: \_\_\_\_\_

Dear <Name>:

Changes in the <department/division/bureau>'s budget have made it necessary to reduce the number of department positions. This is to officially inform you that your employment with the <Agency> is being terminated effective close of business <date>.

This action is taken pursuant to Section 110.604, Florida Statutes, which says that members of the Selected Exempt Service serve at the pleasure of the agency head. This personnel action is exempt from the appeal provisions of Chapter 120, Florida Statutes.

Please be assured that the Agency will do as much as possible to help you in your search for other employment. To assist in this process, please do the following:

- Complete the attached personal interest form.
- Complete a State of Florida job application. Forms are available on the People First website at <https://peoplefirst.myflorida.com/logon.htm> on the lower left-hand side of the screen.
- Send both forms to the Human Resource Office within seven days of receiving this letter.

You may also receive support through the Agency for Workforce Innovation's Reemployment and Emergency Assistance Coordination Team (REACT). REACT provides employment assistance services to you at no cost. Call (850) 921-3326 or visit the REACT website at <http://www.floridajobs.org/workforce/REACT.html> for more information.

Also, attached is an information sheet for terminating Selected Exempt Service employees that provides information regarding insurance and benefits.

Again, I regret having to take this action. If you have any questions, please call the Human Resource Office at [phone].

<closing>

Attachments

cc: Personnel File

**APPENDIX C-4, SAMPLE LETTER 4**

**SENIOR MANAGEMENT SERVICE EMPLOYEE NOTICE**

<Date>

Certified Mail  
Return Receipt Requested or  
Hand Deliver

<Name>  
<Address>  
<City, State, Zip Code>

Received by: \_\_\_\_\_  
Witness: \_\_\_\_\_  
Date: \_\_\_\_\_

Dear <Name>:

Changes in the <department/division/bureau>'s budget have made it necessary to reduce the number of department positions. This is to officially inform you that your employment with the <Agency> is being terminated effective close of business <date>.

This action is taken pursuant to Section 110.403, Florida Statutes. This section provides that members of the Senior Management Service shall serve at the pleasure of the agency head. This personnel action is exempt from the appeal provisions of Chapter 120, Florida Statutes.

Please be assured that the Agency will do as much as possible to help you in your search for other employment. To assist in this process, please do the following:

- Complete the attached personal interest form.
- Complete a State of Florida job application. Forms are available on the People First website at <https://peoplefirst.myflorida.com/logon.htm> on the lower left-hand side of the screen.
- Send both forms to the Human Resource Office within seven days of receiving this letter.

You may also receive support through the Agency for Workforce Innovation's Reemployment and Emergency Assistance Coordination Team (REACT). REACT provides employment assistance services to you at no cost. Call (850) 921-3326 or visit the REACT website at <http://www.floridajobs.org/workforce/REACT.html> for more information.

Also, attached is an information sheet for terminating Senior Management Service employees that provides information regarding insurance and benefits.

Again, I regret the necessity for taking this action. If you have any questions, please call the Human Resource office at <phone number>.

<closing>

Attachments

cc: Personnel File

**APPENDIX C-5, SAMPLE LETTER 5**

**OFFER OF EMPLOYMENT**

<Date>

Certified Mail  
Return Receipt Requested or  
Hand Deliver

<Name>  
<Address>  
<City, State, Zip Code>

Received by: \_\_\_\_\_  
Witness: \_\_\_\_\_  
Date: \_\_\_\_\_

Dear <Name>:

This is in reference to our letter to you dated <date>, in which you were advised that your position would be deleted and that you could request placement assistance.

Pursuant to your request dated <date>, this is to advise you that you will be <reassigned, promoted or demoted> with <probationary or permanent> status to the occupation of <occupation title> with a base rate of pay of <amount>. If you would like to accept this offer, you should report for work in this position on <date> at <time> to:

<name of supervisor>  
<address/location>  
<city>

Please indicate your acceptance or rejection of this appointment by checking the appropriate box below and returning this letter with your signature to <contact person> in the Human Resource office within seven (7) days. Failure to accept or respond to this offer within seven (7) days will result in its being withdrawn and offered to someone else. Should you decline this offer, please note that the Agency has met its obligation to assist you in locating employment.

I sincerely hope that your new assignment will be challenging, as well as personally rewarding. If you have any questions, please call <contact person> at <phone number> in the Human Resource office.

<closing>

cc: Personnel File

Accept       Reject

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**APPENDIX C-6, SAMPLE LETTER 6**

**FINAL NOTICE OF LAYOFF**

<Date> Certified Mail  
Return Receipt Requested or Hand Deliver

<Name>  
<Address>  
<City, State, Zip Code>

Received by: \_\_\_\_\_  
Witness: \_\_\_\_\_  
Date: \_\_\_\_\_

Dear <Name>:

This is official notice that you are being laid off from the department effective the close of business on <date>. This action is taken as a result of the <example: budget reductions which have made it necessary to reduce the number of department positions>. Consequences of a layoff are not disciplinary actions and therefore, cannot be appealed.

To assist you in locating other employment, you will be entitled to the right of first interview within any State Personnel System agency for a vacancy to which you may apply, provided you meet the knowledge, skills and abilities required for that position. When applying for such vacancies, you must advise the agency with the vacancy that you were laid off by faxing your layoff letter to the People First Service Center at (800) 422-3128. Be sure to include the requisition number of the position(s) for which you are applying on the fax cover sheet.

If you have not submitted an employment application and the personal interest form, please complete the attached form and return it along with a State of Florida employment application to the Human Resource Office within seven days of receipt of this letter. The mailing address is: Human Resource Office, <address>.

Additional placement support is available through the Agency for Workforce Innovation's Reemployment and Emergency Assistance Coordination Team (REACT). REACT works statewide with Regional Workforce Boards and other local community partners to arrange assistance for dislocated workers. Services include job placement, resume preparation, interviewing skills, unemployment compensation claims information, labor market and career guidance information, relocation assistance, counseling, community resource workshop, career training and referral to community support programs. For additional information regarding REACT services you should call (850) 921-3326 or visit the REACT website at: <http://www.floridajobs.org/workforce/REACT.html> or for a listing of your local Regional Workforce Board Office visit their website at <http://www.workforceflorida.com/boards/index.htm> .

Also, attached is an information sheet for terminating Career Service employees that provides information regarding insurance and benefits options and an options form relating to accumulated leave and insurance benefits. Please complete the option form and return it to the Human Resource Office for processing within seven days.

We regret the necessity of taking this action. If you have any questions, please call <contact person> at <phone numbers>.

<closing>

Attachments

cc: REACT  
Personnel File

**APPENDIX D**

**NOTIFICATION TO THE DEPARTMENT OF MANAGEMENT SERVICES AND COLLECTIVE BARGAINING AGENT OF PENDING LAYOFF**

<date>

Workforce Design and Compensation Manager  
Division of Human Resource Management  
Department of Management Services  
Suite 235  
4050 Esplanade Way  
Tallahassee, Florida 32399-0950

Dear \_\_\_\_\_:

This is to advise you that (#) filled Career Service position(s) in the <department/division/bureau/office> will be deleted effective <date>. This action is necessary due to <reason>.

<b>Position No.</b>	<b>Broad Band Code/Class Code</b>	<b>Broad Band Title/Class Title</b>	<b>Union</b>	<b>FTE</b>

(Or attach list)

The agency's workforce transition team will be comprised of <list members> and the recruitment staff. The team will meet regularly with the adversely affected employee to discuss placement options. We will work with the Agency for Workforce Innovation, REACT staff, in cooperation with local workforce boards, the Department of Management Services, other state agencies, and private industry to provide placement assistance to the affected employee as needed. This assistance will be provided as specified in our agency Workforce Transition Plan.

Pursuant to Article 8 of the applicable collective bargaining agreement(s), by copy of this letter we are notifying the affected employee organizations of this anticipated layoff and requesting that they contact <contact name> at <phone number> if they wish to meet to discuss the effect of the layoff on the employees involved.

If you need further assistance or have any questions, please call me at <telephone number>.

<closing>

cc: Respective Collective Bargaining Units  
General Counsel, Department of Management Services  
AWI, REACT

**APPENDIX E**

**ACCUMULATED LEAVE AND INSURANCE OPTIONS FOLLOWING LAYOFF**

- 1. I request payment of annual leave.
- 2. I request that annual leave be held in abeyance.
- 3. I request payment of sick leave.
- 4. I request that sick leave be held in abeyance.
- 5. I request continuation of the State Health and Life Insurance

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

People First ID Number: \_\_\_\_\_

**RETURN TO THE HUMAN RESOURCE OFFICE**



**APPENDIX F**

**PERSONAL INTEREST FORM**

Please Type or Print Clearly

---

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>
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<b>Home Street Address</b>	<b>City</b>	<b>County</b>	<b>Zip Code</b>
----------------------------	-------------	---------------	-----------------

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<b>Telephone Number/Area Code</b>	<b>Office Telephone Number</b>
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---

<b>Current Job Title (Class Title)</b>	<b>Position Number</b>	<b>Program/Location</b>
--	------------------------	-------------------------

List other job titles (class titles) for which you qualify and would consider accepting:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Would you consider relocating to another area of the state? (Check one)     YES     NO

If yes, list the counties you would consider:

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Would you consider employment with another state or local government agency?

YES     NO (Check one)

If yes, please indicate which agencies below:

\_\_\_\_\_

***(Please complete both pages of this form)***

Personal Interest Form (continued)

**Veterans' Preference in Retention Only**

Check the appropriate block if you are claiming Veterans' Preference for retention (Section [295.07\(3\)](#), Florida Statutes). Veterans' preference shall be given in accordance with the state and federal law.

- (1) A disabled veteran who has served on active duty in any branch of the Armed Forces of the United States, have been separated therefrom under honorable conditions, and have established the present existence of a service-connected disability which is compensable under public laws administered by the U.S. Department of Veterans' Affairs, or
- (2) A disabled veteran who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense.
- (3) The spouse of any person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of any person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.
- (4) A veteran of any war as defined in s. [1.01\(14\)](#). The veteran must have served at least 1 day during a wartime period to be eligible for veterans' preference. Active duty for training shall not be allowed for eligibility under this paragraph.
- (5) The un-remarried widow or widower of a veteran who died of a service-connected disability.

**An honorably discharged veteran seeking preference under Section 295.07, Florida Statutes, must furnish documentation of the following:**

- (1) Military status, dates of service, and discharge type, i.e., the Department of Defense Form DD-214 or equivalent certification from the U.S. Department of Veterans' Affairs;
- (2) If claiming disability, certification from the U.S. Department of Veterans' Affairs or Armed Services that the applicant has a service-connected disability.
- (3) Proof of Florida residence.
- (4) Possession of the required licensure, certification, or registration, any required knowledge, skills, and abilities, and any other requirements the agency establishes for the position, as indicated on the position description.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return completed form by close of business on ( date ) to:**

<Insert Contact Person>

<Office Name and Address>

*(Please attach a current, updated State of Florida Employment Application, if not already provided)*

**APPENDIX G-1, INFORMATION SHEET FOR CAREER SERVICE EMPLOYEES BEING LAID OFF**

**ATTACHMENT TO LETTER OF OFFICIAL NOTICE OF LAYOFF**

As a Career Service employee who is being impacted by a layoff, you are afforded certain options with regard to your benefits. This is to inform you of those options and to provide a mechanism for the appropriate processing of your accumulated leave and insurance benefits. Please indicate your options on the enclosed form and return it to the Human Resources office. In addition, you may be eligible to receive unemployment compensation benefits or retirement benefits.

**INSURANCE**

**Health Insurance.** The state will pay the usual employer contribution for any month during which you were on the payroll for at least one day. Coverage under a health insurance plan will be effective through the end of the next month.

As a Career Service employee being laid off, you are eligible to continue health insurance coverage while in layoff status for up to two years. You must pay the entire premium and premium payments should be submitted to People First by the 10<sup>th</sup> of the month prior to each month's coverage; for example, the payment for July is due by June 10. Below are the rates for health insurance.

Career Service Participant's Premium Rates for Health Insurance for the current year are:

	Current Year
Individual Plan	< Insert premium rate for Standard Plan > < Insert premium rate for HIHP* >
Family Plan	< Insert premium rate for Standard Plan > < Insert premium rate for HIHP* >

\* HIHP is a high deductible health plan.

If you do not wish to continue coverage under the layoff provision, you may apply for continuation coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). This provides that terminating insured employees and their covered dependents may elect to continue their group health, dental and vision coverage. You will receive an application for COBRA benefits from People First within 45 days of termination. You have 60 days from receipt of the application to elect continuation coverage. You may want to begin the COBRA coverage and pay the participant's premium in advance so that the coverage will not lapse. If you take the full 60 days from receipt of the application before electing continuation of coverage, you will be required to make up the premium payments for coverage during the 60-day period.

You may continue your health, dental and/or vision coverage through COBRA from the first day after your employer-provided coverage ends. In order to continue coverage, you are required to pay the full premium amount (what your employer pays and what you pay), plus a 2 percent administration fee. Your eligible dependents can also continue insurance through COBRA.

Once you are eligible for other group insurance, you must cancel COBRA coverage. For more info, read the U.S. Department of Labor publication, [The Employee's Guide to Health Benefits Under COBRA](#).

You may also contact People First at 866-663-4735.

COBRA Participant's Premium Rates for Health Insurance for the current year are:

	Current Year
Individual Plan	< Insert premium rate for Standard Plan > < Insert premium rate for HIHP* >
Family Plan	< Insert premium rate for Standard Plan > < Insert premium rate for HIHP* >

\* HIHP is a high deductible health plan.

Your termination is a qualifying event that would allow your spouse, if he/she is a state employee, to enroll in the State Employee Group Health Plan or any other pre-tax supplemental plan that you are enrolled in, except certain grandfathered plans, within 31 days of your termination. Your spouse may enroll you and any other eligible dependents under the plan. Your spouse should follow his/her employer's process for making elections with People First to continue a family or individual policy. Delaying this process will result in a premium underpayment, which means your coverage could be temporarily suspended.

**State Life Insurance (Basic).** You are eligible to continue basic life insurance coverage while in layoff status for up to two years. You must pay the entire premium and premium payments should be submitted to People First by the 10<sup>th</sup> of each month for payment of the next months' coverage. Contact People First to inquire about the premium payment rate for continuation of your life insurance.

The basic State Group Life Insurance policy underwritten by Minnesota Life Insurance Company can be converted. If you wish to convert this policy, contact Minnesota Life at (888) 826-2756 and pay the first premium within 31 days from the date coverage ends.

**State Life Insurance (Optional).** The optional State Group Life Insurance policy underwritten by Minnesota Life Insurance Company is portable provided you meet certain restrictions. You must apply for coverage under the Portability Plan within 31 days after the optional life coverage ends. In order to apply, you must complete the Portability Election Form and the Short Form Health Statement Questionnaire and submit them to Minnesota Life at the address on the form.

## **FLEXIBLE BENEFIT PLANS**

**Dependent Day Care Reimbursement Account.** Participation in this account will terminate with your last payroll deduction. You may continue to file claims incurred prior to your termination date against any balance in this account. You have until the claim submission deadline, April 15 of the next plan year to file all claims.

**Medical Reimbursement Account.** Participation in this account will terminate with your last payroll deduction. You must elect to continue or to terminate plan participation by completing the [MRAOptions When Employment Ends form](http://www.myflorida.com/mybenefits/) (available at <http://www.myflorida.com/mybenefits/> under Forms and Publications). You may elect one of the following options to continue participation:

- Full payment of the balance due can be deducted from any annual and sick leave payment for which you are eligible. This would be on a pretax basis.
- Partial payment of the balance due can be deducted from the annual and sick leave payment. This would be on a pretax basis. The remaining balance will be paid by personal check or money order within 45 days of election although it would not provide any pretax advantage.
- Full payment of the balance due, paid by personal check or money order, within 45 days of election. This option has no pretax advantages.
- Monthly payments of balance due paid by personal check or money order by the first of each month will include a 2 percent administrative fee. This option has no pretax advantages.

Ability to use the *myMRA* card stops when your employment is terminated. Any eligible expenses must be submitted by paper form to the address or fax number on the form. For more information on the above subjects please visit <http://www.myflorida.com/mybenefits>.

**Deferred Compensation.** You must contact your provider within 30 days of termination in order to give and/or receive instructions on your account. If the provider cannot be reached, call the Bureau of Deferred Compensation toll-free at (877) 299-8002 or (850) 413-3162 if in the Tallahassee area. Failure to notify the provider and elect an option could result in the inability to access these funds.

For more information, please visit: <https://www.myfloridadeferredcomp.com/SOFweb/index.htm>.

**Other Miscellaneous Deductions.** You must contact each individual company and make arrangements to continue coverage if possible, and make premium payments. Phone numbers will be provided to you in a letter from your Human Resources Office informing you of your current payroll deductions. You should contact the companies within 31 days of your layoff to avoid a lapse in coverage.

## **LEAVE**

**Annual Leave.** If you have twelve continuous months of service, you will be paid for all unused annual leave up to 240 hours unless you request in writing that the annual leave be retained up to a maximum of one year, pending reemployment.

If you are not reemployed within one year, any annual leave held in abeyance shall be paid up to the maximum 240 hours. If you are reemployed within one year, annual leave credits shall be restored if you request this in writing and repay the full amount of any lump-sum payment received for annual leave at the time of layoff.

**Sick Leave.** If you have you have ten years or more of creditable state service you will be paid for 1/4 of all unused sick leave earned after October 1, 1973 up to a maximum payment of 480 hours, and 1/8 of all unused sick leave earned prior to October 1, 1973, unless you request in writing that the sick leave be retained up to a maximum of one year, pending reemployment.

If you are not reemployed within one year, any sick leave held in abeyance shall be paid. If you are reemployed within one year, sick leave credits shall be restored if you request this in writing and repay the full amount of any lump-sum payment received for sick leave at the time of layoff.

If you are not eligible for receipt of sick leave payment at the time of layoff, the agency will hold the accrued sick leave in abeyance and, if you are reemployed within one year following layoff, will credit them to you upon reemployment.

**Special Compensatory Leave.** If you have a special compensatory leave balance, it will be paid upon termination.

**Fair Labor Standards Act Special Compensatory Leave.** If you have a Fair Labor Standards Act special compensatory leave balance, it will be paid upon termination.

**Regular Compensatory Leave.** Your agency will hold any regular compensatory leave balance in abeyance and, if you are reemployed by the same agency within one year following layoff, your regular compensatory leave balance will be credited to you upon reemployment. If you are not reemployed with the same agency within the one year, then all your regular compensatory leave shall be forfeited.

**Sick Leave Pool Donation.** If you are a sick leave pool member, you may elect to donate up to 16 hours of sick leave to the sick leave pool upon your layoff.

**Sick Leave Donation.** Upon layoff you may elect to donate sick leave credits to an eligible employee (up to the number of hours actually needed for the eligible employee to meet contract hours for the pay period to which the transfer applies), provided that the employee retains a minimum balance of 80 hours. These donated hours are taken before any payment option above is calculated and both employees must still be active on the payroll at the time of the transfer/donation.

**Leave Payment to a Deferred Compensation Program.** When you are laid off from the State Personnel System you may elect to have your leave payment or portion thereof deducted into your deferred compensation program account instead of receiving direct payment upon termination. This option provides a pretax advantage; however, your request must be made prior to payout.

## **RETIREMENT**

If you are a member of the FRS Pension Plan call the Division of Retirement toll free at (888) 738-2252 or (850) 488-6491 or visit the Division's website at <http://frs.myflorida.com> for additional information about your benefits. Financial planning advice and web-based tools are available to all FRS members at the Financial Guidance line at (866) 446-9377 or visit the [www.MyFRS.com](http://www.MyFRS.com) website. If you are a member of the FRS Investment Plan additional information about your benefits is also available from the financial guidance line or the MyFRS website.

1. The FRS Pension Plan is a defined benefit plan where members accrue service credit towards a future benefit. If you are vested and eligible for early or normal retirement you may receive monthly benefits that are based upon a formula including your total years of service, accrual value for class(es) of membership, the average of your five highest plan year salaries, and your age at retirement.
2. The FRS Investment Plan is a defined contribution plan where members accrue service and their employer contributions are invested as directed by the members from the investment choices available under the plan. If you are vested you may request a distribution and receive benefits in a lump sum, roll your balance out of the plan into another qualified plan, structure periodic payments under the plan, or a combination of these options.

After your initial membership election, you have one more opportunity to transfer between plans before retirement. However, once you have begun receiving monthly benefits under the FRS Pension Plan or take a distribution under the FRS Investment Plan you are considered a retiree. If you return to FRS-covered employment after retirement, you are no longer eligible to participate in the Special Risk Class, receive a disability retirement benefit, participate in the Deferred Retirement Option Program (DROP) or earn another retirement benefit.

Since the benefit structures are different for both of these plans, the definition of the following terms are identified by the FRS Pension Plan or the FRS Investment Plan when the meaning of the term differs depending upon the plan.

**Vesting.**

1. Employees in the FRS Pension Plan qualify for an early or normal service retirement benefit with six years of creditable service. Non-duty disability retirement benefits require an eight-year vesting period. In-line-of-duty disability or death benefits provide vesting from the first day of covered employment.
2. Employees in the FRS Investment Plan qualify for service retirement after one year of Investment Plan participation regardless of age. If you transferred a present value from the Pension Plan to the Investment Plan, you must have at least six years of total FRS service credit to be vested for the present value portion of your account. If transferring account balances to the Pension Plan to qualify for monthly disability benefits, you must meet the eight-year vesting requirement for non-duty disability retirement.

**Normal Retirement.**

1. If you are in the FRS Pension Plan you are eligible to receive unreduced monthly benefits at age 62 if vested, the age after 62 when vested, or after 30 years of creditable service regardless of age before age 62 for members of all classes except the Special Risk Class. Special Risk Class members qualify for normal retirement at age 55 if vested with six years of Special Risk Class service, the age after 55 when vested, or after 25 years of Special Risk Class service before age 55 regardless of age.
2. If you are in the FRS Investment Plan you are eligible to request and receive distributions after vesting and meeting separation requirements. You may receive

benefits under one of the payment options within the Investment Plan or roll your funds into another qualified retirement plan.

**Early Retirement.**

1. If you are in the FRS Pension Plan you are eligible to receive reduced monthly benefits if you are within 20 years of your normal retirement age (62 or 55) with a 5 percent per year reduction for each year you are below the normal retirement age at retirement.
2. Early retirement does not apply to if you are in the FRS Investment Plan. However, if you choose to receive a lump-sum distribution you may be subject to a 10 percent penalty when filing your taxes for withdrawals before certain ages as required under the Internal Revenue Code.

**Portability.**

1. Under the FRS Pension Plan, all your service credit that remains on account and your future service credit will be combined into the same account regardless of the period of separation.
2. Under the FRS Investment Plan, if your vested funds remain in the account, future contributions will be combined into that account. You may be required to receive a mandatory de minimis distribution of your inactive account balances. Without requesting a distribution, non-vested funds are held in a suspense account for up to five years. If you do not return within five years your non-vested funds are forfeited. Non-vested funds are forfeited when you request and receive a distribution.

**Receiving a Retirement Benefit.** All members of the FRS must terminate employment to receive a retirement benefit.

1. If you are in the FRS Pension Plan you must terminate all employment with FRS employers to be eligible to receive monthly benefits. You are considered terminated only after you stop all employment relationships with all FRS employers. You must remain terminated from employment with all FRS employers for six calendar months beginning with your effective retirement date to finalize your retirement. If you are participating in the Deferred Retirement Option Program (DROP) you must meet the six calendar month termination requirement after completion of your DROP termination date. During this period you receive retirement benefits but if you return to any employment with an FRS employer you will void your retirement and must repay all benefits received, including any DROP payout. Employment with an FRS employer in a position not covered for retirement (OPS or temporary) will also void your retirement.
2. If you are in the FRS Investment Plan you are considered eligible to receive a distribution only after terminating from all employment with all FRS employers for three calendar months. If you meet the definition of normal retirement under the FRS Pension Plan, you may receive up to 10 percent of your distribution after the first calendar month of the separation period and the balance after the full separation period. Otherwise, you may not receive a distribution until you have met the full separation period. If you return to work with an FRS employer before completing your three-month separation period you will not be considered retired and must return any distribution received. After



receiving your distribution you must remain terminated from all employment with FRS employers for the next six calendar months. If you return to employment with an FRS employer during this period you will void your retirement and must return any distribution received. Employment with an FRS employer in a position not covered for retirement (OPS or temporary) will also void your retirement.

**Reemployment After Retirement.** Retirees of both the FRS Pension Plan and the FRS Investment Plan are subject to restrictions about receiving FRS retirement benefits while employed by FRS employers after retirement, regardless of whether the employment is covered by the FRS. You cannot earn a salary and receive retirement benefits for twelve months after your effective date of retirement, after your DROP termination date, or after you receive an Investment Plan distribution.

If you are retired and are planning to return to work with an FRS employer prior to the 12-month limitation period, ***it is very important*** that you contact the Division of Retirement to discuss any effect the reemployment may have on your retirement benefits.

Please visit <http://frs.myflorida.com> for more information about the FRS Pension Plan; the "Contact Us" page has the mailing address, telephone numbers, fax numbers, and email contact information for the different areas of the Division of Retirement that may assist you. For information about the FRS Investment Plan, the your choice between the FRS Pension Plan and the FRS Investment Plan, and general financial planning assistance please visit <http://www.MyFRS.com> or you may call the toll-free help line at (866) 446-9377 for assistance.

## **UNEMPLOYMENT COMPENSATION**

Information regarding the eligibility requirements for unemployment compensation can be found on the Agency for Workforce Innovation's website at:

<http://www.floridajobs.org/unemployment/index.html> .

For additional information and tips for filing an unemployment compensation claim, please visit:

[http://www.floridajobs.org/unemployment/uc\\_emp\\_claims\\_tips.html](http://www.floridajobs.org/unemployment/uc_emp_claims_tips.html)

## **APPENDIX G-2, INFORMATION SHEET FOR SELECTED EXEMPT SERVICE EMPLOYEES TERMINATING EMPLOYMENT**

### **ATTACHMENT TO LETTER OF OFFICIAL NOTICE OF TERMINATION**

As a Selected Exempt Service employee who is being terminated due to a shortage of funds or work, or a material change in the duties or organization of this agency, you are afforded certain options with regard to your benefits. This is to provide you with information in order for you to make decisions related to your benefits upon your termination.

#### **INSURANCE**

**Health Insurance.** The state will pay the usual employer contribution for any month during which you were on the payroll for at least one day. Coverage under a health insurance plan will be effective through the end of the next month.

You may apply for continuation coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). This provides that terminating insured employees and their covered dependents may elect to continue their group health, dental and vision coverage.

You will receive an application for COBRA benefits from People First within 45 days of termination. You have 60 days from receipt of the application to elect continuation coverage. You may want to begin the COBRA coverage and pay the participant's premium in advance so that the coverage will not lapse. If you take the full 60 days from receipt of the application before electing continuation of coverage, you will be required to make up the premium payments for coverage during the 60-day period.

You may continue your health, dental and/or vision coverage through COBRA from the first day after your employer-provided coverage ends. You are required to pay the full premium amount (what your employer pays and what you pay), plus a 2 percent administration fee. Your eligible dependents can also continue insurance through COBRA. Once you are eligible for other group insurance, you must cancel COBRA coverage.

For more info, read the U.S. Department of Labor publication, [The Employee's Guide to Health Benefits Under COBRA](#).

You may also contact People First at (866) 663-4735.

COBRA Participant's Premium Rates for Health Insurance for the current year are:

	Current Year
Individual Plan	< Insert premium rate for Standard Plan > < Insert premium rate for HIHP* >
Family Plan	< Insert premium rate for Standard Plan > < Insert premium rate for HIHP* >

\* HIHP is a high deductible health plan.

Your termination is a qualifying event that would allow your spouse, if he/she is a state employee, to enroll in the State Employee Group Health Plan or any other pre-tax supplemental plan that you are enrolled in except certain grandfathered plans, within 31 days. You spouse may enroll you and any other eligible dependents under the plan. Your spouse should follow his/her employer's process for making elections with People First to continue a family or individual policy. Delaying this process will result in a premium underpayment, which means your coverage could be temporarily suspended.

**State Life Insurance (Basic).** The basic State Group Life Insurance policy underwritten by Minnesota Life Insurance Company can be converted. If you wish to have the insurance converted, contact Minnesota Life at (888) 826-2756 and pay the first premium within 31 days from the date coverage ends.

**State Life Insurance (Optional).** The optional State Group Life Insurance policy underwritten by Minnesota Life Insurance Company is portable provided you meet certain restrictions. You must apply for coverage under the Portability Plan within 31 days after the optional life coverage ends. In order to apply, you must complete the Portability Election Form and the Short Form Health Statement Questionnaire and submit them to Minnesota Life at the address on the form.

## **FLEXIBLE BENEFIT PLANS**

**Dependent Day Care Reimbursement Account.** Participation in this account will terminate with the last payroll deduction. You may continue to file claims incurred prior to your termination date against any balance in this account. You have until the claim submission deadline, April 15 of the next plan year to file all claims.

**Medical Reimbursement Account.** Participation in this account will terminate with your last payroll deduction. You must elect to continue or to terminate plan participation by completing the [MRAOptions When Employment Ends form](#) (available at <http://www.myflorida.com/mybenefits/> under Forms and Publications). You may elect one of the following options to continue participation:

- Full payment of the balance due can be deducted from the annual and sick leave payment. This would be on a pretax basis.
- Partial payment of the balance due can be deducted from the annual and sick leave payment. This would be on a pretax basis. The remaining balance will be paid by personal check or money order within 45 days of election although it would not provide any pretax advantage.
- Full payment of the balance due, paid by personal check or money order, within 45 days of election. This option has no pretax advantages.
- Monthly payments of balance due paid by personal check or money order by the first of each month and will include a 2 percent administrative fee. This option has no pretax advantages.

Ability to use the *myMRA* card stops when your employment is terminated. Any eligible expenses must be submitted by paper form to the address or fax number on the form. For more information on the above subjects please visit <http://www.myflorida.com/mybenefits>.

**Deferred Compensation.** You must contact your provider within 30 days of termination in order to give and/or receive instructions on your account. If the provider cannot be reached, call the Bureau of Deferred Compensation toll free at (877) 299-8002, or if in the Tallahassee area (850) 413-3162. Failure to notify the provider and elect an option could result in the inability to access these funds.

For more information, please visit: <https://www.myfloridadeferredcomp.com/SOFweb/index.htm>.

**Other Miscellaneous Deductions.** You must contact each individual company and make arrangements to continue coverage if possible, and make premium payments. Phone numbers will be provided in a letter from your Human Resources office informing you of your current payroll deductions. You should contact the companies within 31 days of termination to avoid a lapse in coverage.

## **LEAVE**

**Annual Leave.** As a Selected Exempt Service employee, when your employment is terminated you will be paid for all unused annual leave up to 480 hours. Annual leave accrued on your last anniversary date will be prorated on a monthly basis.

**Sick Leave.** If you terminate employment with ten years or more of creditable state service and are otherwise eligible for receipt of sick leave payment, the agency will pay for your accumulated sick leave when you terminate at the rate of 1/4 of your accumulated sick leave earned after October 1, 1973, up to a maximum of 480 hours, and 1/8 of all unused sick leave earned prior to October 1, 1973.

**Sick Leave Pool Donation.** If you are a sick leave pool member you may elect to donate up to 16 hours of sick leave to the sick leave pool upon termination.

**Sick Leave Donation.** You may elect to donate sick leave credits to an eligible employee (up to the number of hours actually needed for the eligible employee to meet contract hours for the pay period to which the transfer applies), provided that you retain a minimum balance of 80 hours. These donated hours are taken before any payment option above is calculated and both employees must still be active on the payroll at the time of the transfer/donation.

**Leave Payment to a Deferred Compensation Program.** An employee terminating from state government may elect to have the leave payment or portion thereof deducted into a deferred compensation program instead of receiving payment upon termination. This option provides a pretax advantage; however, your request must be made prior to payout.

## **RETIREMENT**

If you are a member of the FRS Pension Plan call the Division of Retirement toll free at (888) 738-2252 or (850) 488-6491 or visit the Division's website at <http://frs.myflorida.com> for additional information about your benefits. Financial planning advice and web-based tools are available to all FRS members at the Financial Guidance line at (866) 446-9377 or visit the [www.MyFRS.com](http://www.MyFRS.com) website. If you are a member of the FRS Investment Plan additional

information about your benefits is also available from the financial guidance line or the MyFRS website.

1. The FRS Pension Plan is a defined benefit plan where members accrue service credit towards a future benefit. If you are vested and eligible for early or normal retirement you may receive monthly benefits that are based upon a formula including your total years of service, accrual value for class(es) of membership, the average of your five highest plan year salaries, and your age at retirement.
2. The FRS Investment Plan is a defined contribution plan where members accrue service and their employer contributions are invested as directed by the members from the investment choices available under the plan. If you are vested you may request a distribution and receive benefits in a lump sum, roll their balance out of the plan into another qualified plan, structure periodic payments under the plan, or a combination of these options.

After your initial membership election, you have one more opportunity to transfer between plans before retirement. However, once you have begun receiving monthly benefits under the FRS Pension Plan or take a distribution under the FRS Investment Plan you are considered a retiree. If you return to FRS-covered employment after retirement, you are no longer eligible to participate in the Special Risk Class, receive a disability retirement benefit, participate in the Deferred Retirement Option Program (DROP) or earn another retirement benefit.

Since the benefit structures are different for both of these plans, the definition of the following terms are identified by the FRS Pension Plan or the FRS Investment Plan when the meaning of the term differs depending upon the plan.

**Vesting.**

1. Employees in the FRS Pension Plan qualify for an early or normal service retirement benefit with six years of creditable service. Non-duty disability retirement benefits require an eight-year vesting period. In-line-of-duty disability or death benefits provide vesting from the first day of covered employment.
2. Employees in the FRS Investment Plan qualify for service retirement after one year of Investment Plan participation regardless of age. If you transferred a present value from the Pension Plan to the Investment Plan, you must have at least six years of total FRS service credit to be vested for the present value portion of your account. If transferring account balances to the Pension Plan to qualify for monthly disability benefits, you must meet the eight-year vesting requirement for non-duty disability retirement.

**Normal Retirement.**

1. If you are in the FRS Pension Plan you are eligible to receive unreduced monthly benefits at age 62 if vested, the age after 62 when vested, or after 30 years of creditable service regardless of age before age 62 for members of all classes except the Special Risk Class. Special Risk Class members qualify for normal retirement at age 55 if vested with six years of Special Risk Class service, the age after 55 when vested, or after 25 years of Special Risk Class service before age 55 regardless of age.

2. If you are in the FRS Investment Plan you are eligible to request and receive distributions after vesting and meeting separation requirements. You may receive benefits under one of the payment options within the Investment Plan or roll your funds into another qualified retirement plan.

**Early Retirement.**

1. If you are in the FRS Pension Plan you are eligible to receive reduced monthly benefits if you are within 20 years of the your normal retirement age (62 or 55) with a 5 percent per year reduction for each year below the normal retirement age at retirement.
2. Early retirement does not apply to employees in the FRS Investment Plan. However, if you are in the FRS Investment Plan and choose to receive a lump-sum distribution you may be subject to a 10 percent penalty when filing your taxes for withdrawals before certain ages as required under the Internal Revenue Code.

**Portability.**

1. Under the FRS Pension Plan, all service credit that remains on account will have future service credit combined into the same account regardless of the period of separation.
2. Under the FRS Investment Plan, if all funds remain on account future contributions will be combined into that account. Employees may be required to receive a mandatory de minimis distribution of inactive account balances. Without requesting a distribution, non-vested funds are held in a suspense account for up to five years. If employees do not return within five years the non-vested funds are forfeited. Non-vested funds are forfeited when employees request a distribution.

**Receiving a Retirement Benefit.** All members of the FRS must terminate employment to receive a retirement benefit.

1. If you are in the FRS Pension Plan you must terminate all employment with FRS employers to be eligible to receive monthly benefits. You are considered terminated only after you stop all employment relationships with all FRS employers. You must remain terminated from employment with all FRS employers for six calendar months beginning with your effective retirement date to finalize your retirement. If you are participating in the Deferred Retirement Option Program (DROP) you must meet the six calendar month termination requirement after DROP termination date. During this period you receive retirement benefits but if you return to any employment with an FRS employer you will void your retirement and must repay all benefits received, including any DROP payout. Employment with an FRS employer in a position not covered for retirement (OPS or temporary) will also void your retirement.
2. If you are in the FRS Investment Plan you are considered eligible to receive a distribution only after terminating from all employment with all FRS employers for three calendar months. If you meet the definition of normal retirement under the FRS Pension Plan, you may receive up to 10 percent of your distribution after the first calendar month of the separation period and the balance after the full separation period. Otherwise, you may not receive a distribution until you have met the full separation period. If you return to work with an FRS employer before completing your three-month separation period

you will not be considered retired and must return any distribution received. After receiving your distribution you must remain terminated from all employment with FRS employers for the next six calendar months. If you return to employment with an FRS employer during this period you will void your retirement and must return any distribution received. Employment with an FRS employer in a position not covered for retirement (OPS or temporary) will also void your retirement.

**Reemployment After Retirement.** Retirees of both the FRS Pension Plan and the FRS Investment Plan are subject to restrictions about receiving FRS retirement benefits while employed by FRS employers after retirement, regardless of whether the employment is covered by the FRS. You cannot earn a salary and retirement benefits for twelve months after the effective date of your retirement, after your DROP termination date, or after you receive an Investment Plan distribution.

If you are retired and are planning to return to work with an FRS employer prior to the 12-month limitation period, ***it is very important*** that you contact the Division of Retirement to discuss any effect the reemployment may have on your retirement benefits.

Please visit <http://frs.myflorida.com> for more information about the FRS Pension Plan; the "Contact Us" page has the mailing address, telephone numbers, fax numbers, and e-mail contact information for the different areas of the Division of Retirement that may assist you. For information about the FRS Investment Plan, your choice between the FRS Pension Plan and the FRS Investment Plan, and general financial planning assistance please visit <http://www.MyFRS.com> or call the toll-free help line at (866) 446-9377 for assistance.

## **UNEMPLOYMENT COMPENSATION**

Information regarding the eligibility requirements for unemployment compensation can be found on the Agency for Workforce Innovation's website at:

<http://www.floridajobs.org/unemployment/index.html> .

For additional information and tips for filing an unemployment compensation claim, please visit:

[http://www.floridajobs.org/unemployment/uc\\_emp\\_claims\\_tips.html](http://www.floridajobs.org/unemployment/uc_emp_claims_tips.html).

**APPENDIX G-3, INFORMATION SHEET FOR SENIOR MANAGEMENT SERVICE EMPLOYEES TERMINATING EMPLOYMENT**

**ATTACHMENT TO LETTER  
OF OFFICIAL NOTICE OF TERMINATION**

As a Senior Management Service employee who is being terminated due to a shortage of funds or work, or a material change in the duties or organization of this agency, you are afforded certain options with regard to your benefits. This is to provide you with information in order for you to make decisions related to your benefits upon your termination.

**INSURANCE**

**Health Insurance.** The state will pay the usual employer contribution for any month during which you were on the payroll for at least one day. Coverage under a health insurance plan will be effective through the end of the next month.

You may apply for continuation coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). This provides that terminating insured employees and their covered dependents may elect to continue their group health, dental and vision coverage.

You will receive an application for COBRA benefits from People First within 45 days of termination. You have 60 days from receipt of the application to elect continuation coverage. You may want to begin the COBRA coverage and pay the participant's premium in advance so that the coverage will not lapse. If you take the full 60 days from receipt of the application before electing continuation of coverage, you will be required to make up the premium payments for coverage during the 60-day period.

You may continue your health, dental and/or vision coverage through COBRA from the first day after your employer-provided coverage ends. You are required to pay the full premium amount (what your employer pays and what you pay), plus a 2 percent administration fee. Your eligible dependents can also continue insurance through COBRA. Once you are eligible for other group insurance, you must cancel COBRA coverage. For more info, read the U.S. Department of Labor publication, [The Employee's Guide to Health Benefits Under COBRA](#).

You may also contact People First at (866) 663-4735.

COBRA Participant's Premium Rates for Health Insurance for the current year are:

	Current Year
Individual Plan	< Insert premium rate for Standard Plan > < Insert premium rate for HIHP* >
Family Plan	< Insert premium rate for Standard Plan > < Insert premium rate for HIHP* >

\* HIHP is a high deductible health plan.



Your termination is a qualifying event that would allow your spouse, if he/she is a state employee, to enroll in the State Employee Group Health Plan or any other pre-tax supplemental plan that you are enrolled in except certain grandfathered plans, within 31 days. You spouse may enroll you and any other eligible dependents under the plan. Your spouse should follow his/her employer's process for making elections with People First to continue a family or individual policy. Delaying this process will result in a premium underpayment, which means your coverage could be temporarily suspended.

**State Life Insurance (Basic).** The basic State Group Life Insurance policy underwritten by Minnesota Life Insurance Company can be converted. If you wish to have the insurance converted, contact Minnesota Life at (888) 826-2756 and pay the first premium within 31 days from the date coverage ends.

**State Life Insurance (Optional).** The optional State Group Life Insurance policy underwritten by Minnesota Life Insurance Company is portable provided you meet certain restrictions. You must apply for coverage under the Portability Plan within 31 days after the optional life coverage ends. You must complete the Portability Election Form and the Short Form Health Statement Questionnaire and submit them to Minnesota Life at the address on the form.

## **FLEXIBLE BENEFIT PLANS**

**Dependent Day Care Reimbursement Account.** Participation in this account will terminate with your last payroll deduction. You may continue to file claims incurred prior to your termination against any balance in this account. You have until the claim submission deadline, April 15 of the next plan year to file all claims.

**Medical Reimbursement Account.** Participation in this account will terminate with your last payroll deduction. You must elect to continue or to terminate plan participation by completing the [MRAOptions When Employment Ends form](#) (available at <http://www.myflorida.com/mybenefits/> under Forms and Publications). You may elect one of the following options to continue participation:

- Full payment of the balance due can be deducted from any annual and sick leave payment for which you are eligible. This would be on a pretax basis.
- Partial payment of the balance due can be deducted from the annual and sick leave payment. This would be on a pretax basis. The remaining balance will be paid by personal check or money order within 45 days of election although it would not provide any pretax advantage.
- Full payment of the balance due, paid by personal check or money order, within 45 days of election. This option has no pretax advantages.
- Monthly payments of balance due paid by personal check or money order by the first of each month and will include a 2 percent administrative fee. This option has no pretax advantages.

Ability to use the *myMRA* card stops when your employment is terminated. Any eligible expenses must be submitted by paper form to the address or fax number on the form. For more information on the above subjects please visit <http://www.myflorida.com/mybenefits>.

**Deferred Compensation.** You must contact your provider within 30 days of termination in order to give and/or receive instructions on their account. If the provider cannot be reached, call the Bureau of Deferred Compensation toll-free at (877) 299-8002, or (850) 413-3162 if in the Tallahassee area. Failure to notify the provider and elect an option could result in the inability to access these funds.

For more information, please visit: <https://www.myfloridadeferredcomp.com/SOFweb/index.htm>.

**Other Miscellaneous Deductions.** You must contact each individual company and make arrangements to continue coverage if possible, and make premium payments. Phone numbers will be provided to you in a letter from Human Resources informing you of your current payroll deductions. You should contact the companies within 31 days of termination to avoid a lapse in coverage.

## **LEAVE**

**Annual Leave.** As a Senior Management Service employee who is terminating employment, you shall be paid for all unused annual leave up to 480 hours. Annual leave accrued on your last anniversary date will be prorated on a monthly basis.

**Sick Leave.** If you have ten years or more of creditable state service and are otherwise eligible for receipt of sick leave payment pursuant to the rule, the agency shall pay for your accumulated sick leave when you terminate at the rate of 1/4 of your accumulated sick leave earned after October 1, 1973, up to a maximum of 480 hours and 1/8 of all unused sick leave earned prior to October 1, 1973.

**Sick Leave Pool Donation.** If you are a sick leave pool member you may elect to donate up to 16 hours of sick leave to your agency's sick leave pool upon termination.

**Sick Leave Donation.** You may elect to donate sick leave credits to an eligible employee (up to the number of hours actually needed for the eligible employee to meet contract hours for the pay period to which the transfer applies), provided that you retains a minimum balance of 80 hours. These donated hours are taken before any payment option above is calculated and both employees must still be active on the payroll at the time of the transfer/donation.

**Leave Payment to a Deferred Compensation Program.** You may elect to have your leave payment or portion thereof deducted into your deferred compensation program account instead of receiving this payment upon termination as a direct payment. This option provides a pretax advantage; however, your request must be made prior to payout.

## **RETIREMENT**

If you are a member of the FRS Pension Plan call the Division of Retirement toll free at (888) 738-2252 or (850) 488-6491 or visit the Division's website at <http://frs.myflorida.com> for additional information about your benefits. Financial planning advice and web-based tools are available to all FRS members at the Financial Guidance line at (866) 446-9377 or visit the [www.MyFRS.com](http://www.MyFRS.com) website. If you are a member of the FRS Investment Plan additional

information about your benefits is also available from the financial guidance line or the MyFRS website. If you are a participant in the Senior Management Service Optional Annuity Program call the Division of Retirement toll free at (877) 378-7677 or (850) 488-2724 or visit the “Optional Programs” page of the Division’s website at <http://frs.myflorida.com>.

1. The FRS Pension Plan is a defined benefit plan where members accrue service credit towards a future benefit. If you are vested and eligible for early or normal retirement you are eligible to receive monthly benefits that are based upon a formula including their total years of service, accrual value for class(es) of membership, the average of your five highest plan year salaries, and your age at retirement.
2. The FRS Investment Plan is a defined contribution plan where members accrue service and their employer contributions are invested as directed by the members from the investment choices available under the plan. If you are vested you may request a distribution and receive benefits in a lump sum, roll your balance out of the plan into another qualified plan, structure periodic payments under the plan, or a combination of these options.
3. The Senior Management Service Optional Annuity Program (SMSOAP) is a defined contribution program. If you are a vested participant you may request a distribution and receive benefits in a lump sum, roll your balance out of the plan into another qualified plan, structure periodic payments under the plan, or a combination of these options.

After your initial FRS membership election, you have one more opportunity to transfer between plans before retirement. However, once you have begun receiving monthly benefits under the FRS Pension Plan or take a distribution under the FRS Investment Plan or the SMSOAP you are considered a retiree. If you return to FRS-covered employment after retirement, you are no longer eligible to participate in the Special Risk Class, receive a disability retirement benefit, participate in the Deferred Retirement Option Program (DROP) or earn another retirement benefit.

Since the benefit structures are different for these plans, the definition of the following terms are identified by the plan or program when the meaning of the term differs depending upon the plan.

**Vesting.**

1. If you are in the FRS Pension Plan you qualify for an early or normal service retirement benefit with six years of creditable service. Non-duty disability retirement benefits require an eight-year vesting period. In-line-of-duty disability or death benefits provide vesting from the first day of covered employment.
2. If you are in the FRS Investment Plan you qualify for service retirement after 1 year of Investment Plan participation regardless of age. If you transferred a present value from the Pension Plan to the Investment Plan, you must have at least six years of total FRS service credit to be vested for the present value portion of your accounts. If transferring account balances to the Pension Plan to qualify for monthly disability benefits, you must meet the eight-year vesting requirement for non-duty disability retirement or the immediate coverage for in-line-of-duty disability benefits.

3. If you are in the SMSOAP you are immediately vested for the employer contributions made to your account upon employment and completion of a provider contract. Disability and survivor benefits are the amount in the your account at the time of death or disability.

**Normal Retirement.**

1. If you are in the FRS Pension Plan you are eligible to receive unreduced monthly benefits at age 62 if vested, the age after 62 when vested, or after 30 years of creditable service before age 62 regardless of age if you are a member of any class except the Special Risk Class. If you are a Special Risk Class member you qualify for normal retirement at age 55 if vested with six years of Special Risk Class service, the age after 55 when vested, or after 25 years of Special Risk Class service before age 55 regardless of age.
2. If you are in the FRS Investment Plan you are eligible to request and receive distributions after vesting and meeting separation requirements. You may receive benefits under one of the payment options within the Investment Plan or roll your funds into another qualified retirement plan.
3. If you are in the SMSOAP you are eligible to request and receive distributions after becoming vested and being terminated for one calendar month. After vesting and meeting separation requirements you may receive benefits under one of the payment options within the SMSOAP or roll your funds into another qualified retirement plan.

**Early Retirement.**

1. If you are in the FRS Pension Plan you are eligible to receive reduced monthly benefits if you are within 20 years of the your normal retirement age (62 or 55) with a 5 percent per year reduction for each year below the normal retirement age at retirement.
2. Early retirement does not apply to you if you are in the FRS Investment Plan. However, if you choose to receive a lump-sum distribution you may be subject to a 10 percent penalty, when filing your taxes, for withdrawals before certain ages as required under the Internal Revenue Code.
3. Early retirement does not apply to you if you are in the SMSOAP. However, if you choose to receive a lump-sum distribution you may be subject to a 10 percent penalty, when filing your taxes, for withdrawals before certain ages as required under the Internal Revenue Code.

**Portability.**

1. Under the FRS Pension Plan, all service credit that remains on account will have future service credit combined into the same account regardless of the period of separation.
2. Under the FRS Investment Plan, if all vested funds remain on account future contributions will be combined into that account. Employees may be required to receive a mandatory de minimis distribution of inactive account balances. Without requesting a distribution, non-vested funds are held in a suspense account for up to five years. If you

do not return within five years the non-vested funds are forfeited. Non-vested funds are forfeited when you request a distribution.

3. Under the SMSOAP, all funds that remain on account can have future contributions combined into that account as long as the employees remain employed in positions eligible for SMSOAP participation. Employees in the SMSOAP may be required to receive a mandatory de minimis distribution of inactive account balances after termination.

**Receiving a Retirement Benefit.** All members of the FRS must terminate employment to receive a retirement benefit.

1. If you are in the FRS Pension Plan you must terminate all employment for to be eligible to receive monthly benefits. You are considered terminated only after you stop all employment relationships with all FRS employers. You must remain terminated from employment with all FRS employers for six calendar months beginning with your effective retirement date to finalize your retirement. If you are participating in the Deferred Retirement Option Program (DROP) you must meet the six calendar month termination requirement after your DROP termination date. During this period you receive retirement benefits but if you return to any employment with an FRS employer you will void your retirement and must repay all benefits received, including any DROP payout. Employment with an FRS employer in a position not covered for retirement (OPS or temporary) will also void your retirement.
2. If you are in the FRS Investment Plan you are considered eligible to receive a distribution only after terminating all employment with all FRS employers for three calendar months. If you meet the definition of normal retirement under the FRS Pension Plan, you may receive up to 10 percent of your distribution after the first calendar month of separation and the balance after the full separation period. Otherwise, you may not receive a distribution until you have met the full separation period. If you return to work with an FRS employer before completing your three-month separation period you will not be considered retired and must return any distribution received. After receiving your distribution you must remain terminated from all employment with FRS employers for the next six calendar months. If you return to employment with an FRS employer during this period you will void your retirement and must return any distribution received. Employment with an FRS employer in a position not covered for retirement (OPS or temporary) will also void your retirement.
3. If you are in the SMSOAP you are considered eligible to receive a distribution only after terminating all employment with all FRS employers for one calendar month. If you return to work with an FRS employer before completing your one-month separation period you will not be considered retired and must return any distribution received. After receiving your distribution you must remain terminated from all employment with FRS employers for the next six calendar months. If you return to employment with an FRS employer during this period you will void your retirement and must return any distribution received. Employment with an FRS employer in a position not covered for retirement (OPS or temporary) will also void your retirement.

**Reemployment After Retirement.** Retirees of the FRS Pension Plan, the FRS Investment Plan, and the SMSOAP are subject to restrictions about receiving retirement benefits while employed by FRS employers following retirement, regardless of whether the employment is covered by the FRS. You cannot earn both a salary and retirement benefits for twelve months after the effective date of retirement, after your DROP termination date, or after you receive an Investment Plan or SMSOAP distribution.

If you are retired and are planning to return to work with an FRS employer prior to the 12-month limitation period, ***it is very important*** that you contact the Division of Retirement to discuss any effect the reemployment may have on your retirement benefits.

Please visit <http://frs.myflorida.com> for more information about the FRS Pension Plan and the SMSOAP; the “Contact Us” page has the mailing address, telephone numbers, fax numbers, and email contact information for the different areas of the Division of Retirement that may assist you. For information about the FRS Investment Plan, the your choice between the FRS Pension Plan and the FRS Investment Plan, and general financial planning assistance please visit <http://www.MyFRS.com> or call the toll-free help line at (866) 446-9377 for assistance.

## APPENDIX H

### Government Website List

Agency for Workforce Innovation/REACT

<http://www.floridajobs.org/workforce/REACT.html>

Department of Financial Services, Bureau of Deferred Compensation

<https://www.myfloridadeferredcomp.com/SOFweb/index.htm>

Department of Management Services, Division of Retirement

<http://frs.myflorida.com>

Employ Florida Marketplace

<https://www.employflorida.com/>

Florida Retirement System

<http://www.MyFRS.com>

Florida Unemployment Compensation

<http://www.floridajobs.org/unemployment/index.html>

People First

<https://peoplefirst.myflorida.com/peoplefirst>

Service Center Phone: 866-663-4735

Service Center Fax: 800-422-3128

Regional Workforce Boards

<http://www.workforceflorida.com/boards/index.htm>

State of Florida, MyBenefits Website

<http://www.myflorida.com/mybenefits/>

State Vacancy Listings

<http://peoplefirst.myflorida.com/logon.htm>

## **APPENDIX I**

### **PLACEMENT ACTIVITIES CHECKLIST**

The individual assigned to assist in placement activities should have access to rules relating to layoff, local Regional Workforce Board's telephone number and address, vacancy lists for the department, and access to statewide vacancy information on the People First System.

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**Employee Name**

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**Date Interviewed**

#### **Placement Discussions with Adversely Affected Employee**

- Review application and personal interest form with employee.
- Review employee's employment history.
- Discuss positions for which employee is qualified.
- Discuss level of jobs employee is willing to accept.
- Discuss vacancy opportunities. Include discussion of employment in other state or local agencies and private industry.
- Complete a transmittal form to give to the employee to attach to the employment application.



**APPENDIX J**

**APPLICATION TRANSMITTAL FORM**



<Agency Name>

<Agency Logo>

To: \_\_\_\_\_

From: \_\_\_\_\_

Subject: Adversely Affected Employee \_\_\_\_\_

Attached is an employment application from \_\_\_\_\_. This employee's position with our agency has been identified for deletion effective \_\_\_\_\_. We are requesting your assistance in locating a suitable position for this employee. At this time we are submitting this employee's application for the position of \_\_\_\_\_ position number \_\_\_\_\_.

If you have any questions, please call me at \_\_\_\_\_.

**APPENDIX K**

**EMPLOYEE APPLICATION SUMMARY**

<b>Employee Name:</b>	<b>Current Class Title:</b>	<b>Current Pay Grade</b>	<b>Location:</b>
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<b>Date Applied</b>	<b>Agency</b>	<b>Position Title</b>	<b>Pos. #</b>	<b>Date Position Closes</b>	<b>Interview Date</b>	<b>Notes</b>

For additional information contact:

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