REDUCTION IN FORCE ELECTION FORM

This form lists options related to bumping rights and enrollment in the Career Support Services Program following a notice of layoff. If you have any questions about this form, contact your Department Layoff Coordinator. Please complete, sign and submit this form to your Department Layoff Coordinator within 10 business days of receipt.

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| **\*\*\* PLEASE PRINT CLEARLY OR TYPE \*\*\*** | | |
| *Employee Instructions:*   1. Fill out information below and check appropriate boxes. 2. Sign and date the bottom of this form. 3. Make a copy for your own records. 4. **Within 10 business days,** send a copy of this Election Form to the Department Layoff Coordinator identified in your layoff letter. | | *Department Layoff Coordinator Instructions:*   1. Review the submitted form for completion. 2. Sign and date the bottom of this form. 3. **Immediately email a scanned copy of the form** to [CareerSupportServices@kingcounty.gov](mailto:CareerSupportServices@kingcounty.gov) **or fax to** 206-296-3904. |
| **Employee Name:** | | **Date of Layoff:** |
| **Job Title:** | | **Department/Division:** |
| **Personal Email:** | | **Union:** |
| **Home or Personal Mobile Phone Number:** | | **Office Phone Number:** |
| **BUMPING RIGHTS** | | |
| Please mark only one of these options. | | |
|  | There are *no bumping options*. | |
|  | I choose to *exercise my bumping rights* as provided in my collective bargaining agreement. I understand that I will be notified later of specific bumping options. | |
|  | I choose to *NOT exercise my bumping rights* as provided in my collective bargaining agreement. | |
| **CAREER SUPPORT SERVICES (CSS) PROGRAM ENROLLMENT** | | |
|  | Please mark only one of these options. | |
|  | I choose to *enroll* in the Career Support Services Program BECAUSE (select from the options below):  My position is being eliminated as identified in my notice of layoff.  My hours are being reduced as identified in my notice of layoff.  My hours are being increased as identified in my notice of layoff.  I am interested in placement back to a comparable position ONLY IF my bumping or transfer in lieu of layoff option results in placement into a lower position or temporary position. | |
|  | I chooseto *NOT enroll* in the Career Support Services Program at this time. I understand that I remain eligible to enroll in the Career Support Services Program for up to two years after the date of my layoff. | |
|  | I choose to *resign* from my position effective on this date:       which is *prior to* my effective date of layoff. I understand that because this choice constitutes a resignation,  *I will NOT be eligible* to enroll in the Career Support Services Program. | |
|  | I choose to *retire* effective on this date      . I understand that  *I will NOT be eligible* to enroll in the Career Support Services Program. | |
| ***Employee’s Electronic Signature:***  ***Date:*** | | |
| ***Dept. Layoff Coordinator Electronic Signature:       Date:*** | | |
| **King County Career Support Services**  [www.kingcounty.gov/CSS](http://www.kingcounty.gov/CSS) | [careersupportservices@kingcounty.gov](mailto:careersupportservices@kingcounty.gov) | Phone: (206) 477-9869 | | |