

**SAMPLE – Reduction-in Force (Reduced Work Hours)
State Agency**

[Date]

[Name]
[Address]

Via [Hand Delivery OR Certified Mail No. _____]

Dear [Mr./Ms. Last Name]:

I regret to inform you that, due to [reason: e.g., lack of funds, lack of work, reorganization] in the [agency/department name], it is necessary to implement a reduction-in-force in the form of reduced work hours. Regrettably, your work schedule as a [classification] will be reduced from [%] full-time equivalency to [%] effective [date] [NOTE: *reduction to less than 50% may impact employees' eligibility for certain benefits*]. Your work schedule will now be [Shift times and days per week]. As a result, your accrual of sick leave will be reduced from [hours] per month to [hours] per month, your accrual of annual leave will be reduced from [hours] per month to [hours] per month, and your annual salary of \$[salary] will be reduced to \$[salary]. Your accrual of service tenure will also be adjusted accordingly.

This reduction-in-force is being implemented in accordance with W. VA. CODE §29-6-10(5), which provides for a reduction in schedules by organizational unit and by occupational group within that organizational unit. More specifically, W. VA. CODE §29-6-10(5) states:

29-6-10(5). For layoffs by classification for reason of lack of funds or work, or abolition of a position, or material changes in duties or organization, or any loss of position because of the provisions of this subdivision and for recall of employees so laid off, consideration shall be given to an employee's seniority as measured by permanent employment in the classified service or a state agency. In the event that the agency wishes to lay off a more senior employee, the agency must demonstrate that the senior employee cannot perform any other job duties held by less senior employees within that agency in the job class or any other equivalent or lower job class for which the senior employee is qualified: Provided, That if an employee refuses to accept a position in a lower job class, such employee shall retain all rights of recall as hereinafter provided.

You may meet with me or write me concerning this reduction-in-force, providing you do so no later than **[date - at least 15 calendar days after date of letter]**. For any appeal rights you may have, please refer to W. VA. CODE §6C-2-1 *et seq.*, the West Virginia Public Employees Grievance Procedure. If you choose to exercise your grievance rights, you must submit your grievance, on the prescribed form, within fifteen (15) working days of the effective date of this action, to **[name and address of Chief Administrator]** at Level One of the Procedure. As provided in the statute, you may proceed to Level Three of the Procedure by filing your grievance directly with the Public Employees Grievance Board upon the agreement of the chief administrator, or when dismissed, suspended without pay, or demoted or reclassified resulting in a loss of compensation or benefits. You must provide copies of your grievance accordingly to the Public Employees Grievance Board at 1596 Kanawha Boulevard, East, Charleston, West Virginia, 25311; **[agency copy - name and address]**; and the Director of the Division of Personnel, Building 6, Room B-416, State Capitol Complex, Charleston, West Virginia, 25305. Details regarding the grievance procedure, as well as grievance forms, are available at the Board's web site at www.pegb.wv.gov or you may telephone the Board at (304) 558-3361 or toll-free at (866) 747-6743.

Please let me know if you have any questions.

Sincerely,

[Appropriate Signature Authority]

c: Agency Personnel File
West Virginia Division of Personnel

[OPTIONAL LANGUAGE - *If the employer meets with the employee and hand delivers the letter, the employer may request that the employee verify receipt by signing the following acknowledgment typed at the bottom of the letter.*]

I have received a copy and am aware of the contents of the foregoing letter

Employee Signature

Date

[OPTIONAL LANGUAGE - *If mailed via U. S. Postal Service, the following certification may be typed at the bottom of the letter.*]

The undersigned certifies that the above letter / notification was mailed to **[name]** by first-class and certified mail, return receipt requested, on the _____ day of _____, 20____.

[signature] _____
[typed name and title]

[NOTE: Revised 6/2013. Ensure law, rule, and policy language is current.]