Upon layoff from your position, you will be placed on the layoff list for your current department\*, job class, location, position status (i.e., full-time/part-time/seasonal) and bargaining unit. Use this form to change the conditions under which you will accept a recall offer. You may expand your recall conditions to include up to three job classes within your job class series (which includes the class from which laid off), at a level equal to or lower than the job class from which laid off. You may also change your status, locations, or expand the departments to which you wish to be referred. **Entries on this form will supersede prior designated conditions.**

Please be aware that if you do not accept a recall offer consistent with the conditions you have designated, your layoff rights will be terminated. Make sure your mailing address is up-to-date to ensure timely receipt of a recall notice. If your address changes use the “Address Authorization/Change Form” found on the HR forms page to provide notification: <https://doa.alaska.gov/dof/forms/resource/AddressAuthorization.pdf>

Remember, these conditions only apply to the job class(es) and bargaining unit for which you have layoff recall rights. You may change these conditions at any time by submitting an updated form. **The change will be effective only after this form is received and processed by the Division of Personnel and Labor Relations (DOPLR).** Please allow five (5) business days for processing. Under no circumstances will an employee’s recall conditions be modified retroactively.

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYEE NAME (Please print clearly)** | **EMPLOYEE ID NUMBER** | **JOB CLASS TITLE\*\* (May select up to two more job classes within the job class series at the level equal to or lower than from which laid off,****e.g., OA III, II, I)** | **PHONE NUMBER** |
|  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LOCATIONS** where I will work:

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Anchorage (EBA) | [ ]  Juneau (AWA) | [ ]  Fairbanks (JBA) | [ ]  Palmer (ECF) |
| [ ]  Wasilla (ECE) | [ ]  Ketchikan (ACA) | [ ]        | [ ]        |
| [ ]        | [ ]        | [ ]        | [ ]        |

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| --- | --- | --- | --- |
| **STATUS** I will accept: (A seasonal designation applies to both full-time (FT) and part-time (PT) seasonal positions.)\*\*\*

|  |  |  |
| --- | --- | --- |
| [ ]  (A) Permanent full-time | [ ]  (B) Permanent part-time | [ ]  (C) Permanent seasonal (FT & PT) |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DEPARTMENT(S)** I will work for: (Check all applicable departments)

|  |  |  |
| --- | --- | --- |
| [ ]  Administration (02) | [ ]  Family and Community Services (26) | [ ]  Military & Veterans Affairs (09) |
| [ ]  Commerce, Community & Economic Development (08) | [ ]  Fish & Game (11) | [ ]  Natural Resources (10) |
| [ ]  Corrections (20) | [ ]  Health (16) | [ ]  Public Safety (12) |
| [ ]  Education & Early Development (05) | [ ]  Labor & Workforce Development (07) | [ ]  Revenue (04) |
| [ ]  Environmental Conservation (18) | [ ]  Law (03) | [ ]  Transportation & Public Facilities (25) |

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| --- |
| Make sure you know your layoff rights. Failure to supply this information to the DOPLR office by the effective date of your layoff will automatically place you on the layoff list for your current department, location, classification, and position status only. Again, list only those criteria under which you would be willing to accept employment. Mail the completed form to: the Division of Personnel and Labor Relations, Recruitment Services, P.O. Box 110201, Juneau, AK 99811-0201, or Fax to (907) 465-3415. This form can also be scanned to recruitment.services@alaska.gov.\*Employees who accept a position status change are placed on layoff for the division, job class, location and position status from which laid off unless other conditions are designated through the completion of this form.\*\*This does not apply to employees who are on layoff due to a position status change.\*\*\*Employees in the Supervisory Bargaining Unit who accept a change of position status **may not** designate other position status conditions.  |

Signature: Date: