

County of Gloucester
Human Resources Manual

CHAPTER:	3 - CHANGES IN EMPLOYMENT & SEPARATION OF SERVICE	ADOPTED: 3/7/06
SECTION:	4 - LAYOFFS	REVISED: 5/22/24

EXHIBIT B- GENERAL NOTICE OF LAYOFF OR DEMOTION

Name of Jurisdiction

Date

To: Employees of the _____
(Department or Autonomous Agency)

From: _____
(Name & Title of Appointing Authority)

Pursuant to the provision of N.J.S.A. 11A:8-1, this is to notify all employees that for reasons of [] economy [] efficiency [] other (specify) _____, it is possible that they will be laid off or demoted from their permanent or probationary positions. If your position is subject to layoff, you may have the right to displace employees in other positions. These layoffs will be effective at the close of the working day on _____. This notification provides all employees with minimum 45-day layoff notice required by the above law and, unless otherwise extended by the Commissioner of The Civil Service Commission, shall expire no later than 120 days from the date of issuance.

At the present time, it is not possible to determine the exact affect that this layoff action will have on each employee. However, this is to notify all employees that they may be affected by the exercise of the seniority, lateral displacement, demotional, and/or special re-employment rights of other employees.

A copy of this notice is being forwarded to the New Jersey Civil Service Commission. That Commission will be responsible for determining seniority, lateral displacement, demotional, and/or special re-employment rights. Both the affected employees and the appointing authority will be notified of these determinations prior to the effective date.

The procedures to be followed in instituting any appeals will be outlined in the letter of notification of layoff rights from the New Jersey Civil Service Commission.

(Signature of Appointing Authority or Authorized Agent)

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NOTICE TO APPOINTING AUTHORITY: The following certification statement shall be placed on the copy of the general notice forwarded to the New Jersey Civil Service Commission.

CERTIFICATION BY APPOINTING AUTHORITY

I certify that a copy of this layoff notice has been posted, and served by the personal service or certified mail on each potentially affected employee of the organization unit, on the following date or dates:

_____.

(Signature of Appointing Authority)