{Date}

{Employee Name}

{Employee Address}

{Employee City, State ZIP}

Dear {Employee Name}:

This letter notifies you that your {Job Title} position with the {Agency Name} has been eliminated as part of a reduction in force*. {Add sentence describing the reason for reduction in force (mandatory budget reduction, decreased workload, duties transferred to another agency, etc.)}* This action was involuntary on your part, and you remain an employee in good standing. Your last day of employment with the State of Montana is {Date}.

*{Add paragraph describing severance or other agreements, if applicable.}*

As an employee affected by the reduction in force, you are eligible for separation benefits described in the state’s Reduction in Force policy, which outlines the two options of benefits available to you:

* Option 1: The State Employee Protection Act (2-18-1201 et seq., MCA)
* Option 2: The Retirement Service Purchase Program (19-2-706, MCA)

You must choose either Option 1 or 2, and you may not change your selection once it has been submitted. The two options are outlined below:

1. **State Employee Protection Act Benefits**

This option provides the following benefits:

* You may participate in a special job registry for up to two years from your reduction-in-force date. State agencies may hire directly from job registry instead of seeking applications from the public.  Agencies may also include job registry participants in their internal recruitment processes. To participate, you will need to submit an electronic copy of your resume to your agency human resource office. Your local Job Service Workforce Center has computers available for public use and staff to help you develop a resume. Contact information for Job Service Workforce Centers is available at <http://jobservices.dli.mt.gov/>. If you accept a position in State Government at the same salary or higher, please notify the Job Registry Coordinator at jobregistry@mt.gov. At that time, your participation in the Job Registry will end. If you accept a position at a lower salary or decline an offer of employment, you may continue to participate in the Job Registry.
* You are entitled to job retraining and career development programs provided by the state under the Workforce Investment Act.  Your participation must begin within one (1) year of your reduction-in-force date. If you are interested in job retraining and career development programs, contact a Job Service Workforce Center(<http://jobservices.dli.mt.gov/>) for information.  You will need to provide a copy of your reduction-in-force notice.
* You will have continued coverage under thestate's group health insurance plan and state payment of the employer contribution for six monthsfrom your reduction-in-force date or until you obtain comparable employment, whichever occurs first.  You are responsible for paying your employee premiums to continue your elected insurance coverage.
* You may choose to leave your accumulated sick leave and/or annual leave credit in the payroll system for two years from your reduction-in-force date.  If you chose this option, your leave credits will transfer to your new position if you are employed by a state agency within two years of your reduction-in-force date.  You may request to cash out these balances at any time during the two-year period, unless you are a member of a Voluntary Employee Benefits Association (VEBA) group. If you are a member of a VEBA group, the VEBA requirements regarding your leave balances apply. You must cash out your leave balances before you can cash out your retirement plan contributions.
* If you select this option and transfer to or apply for and accept a position in any state agency, you may use your accrued annual- and sick-leave balances when re-employed. You may be entitled to the same annual salary if a state agency employs you in a position within the same completive pay zone. You may be entitled to unemployment insurance benefits. You may file for unemployment benefits online at <https://app.mt.gov/ui4u/index> or visit the Montana Unemployment Division website at <http://uid.dli.mt.gov/> for more information.

**If you select the State Employee Protection Act benefits, you will not be eligible to receive benefits under the Retirement Service Purchase Program described below.**

1. **Retirement Service Purchase Program Benefits**

This option provides the following benefits:

* You must be eligible for normal or early retirement as a member of the public employees', game wardens' and peace officers', sheriffs', or highway patrol officers' retirement system.  The Montana Public Employee Retirement Administration (MPERA) can tell you if you are eligible for this benefit. Contact MPERA to confirm your eligibility and to discuss how this benefit option may impact your retirement at 406-444-3154 or 1-877-275-7372.
* Under this option your employer is required to contribute a portion of the total cost of up to three years of additional service that you are qualified to purchase under §19-3-513, MCA.  The total cost of each year of service purchased under the Retirement Service Purchase Program is the total actuarial cost of purchasing the service. You may elect to pay the difference, if any, between the total actuarial cost and the employer contribution.  If you do not pay the difference, the employer's contribution may not cover the total years of service you are eligible to purchase.
* This benefit is subject to forfeiture if you return to work for a state agency, including the University System, in which you work more than 960 hours in a calendar year. You are strongly encouraged to discuss how this benefit option may impact your retirement with the Public Employee Retirement Administration, 406-444-3154 or 1-877-275-7372.

**If you select this option, you waive your rights under the State Employee Protection Act to receive the benefits under this Retirement Service Purchase Program.**

Attached are copies of the state Reduction in Force Policy and the Grievance Policy for your reference.

Please return the Reduction-in-Force Benefit Option Selection Form attached to this letter to me indicating your benefit option choice no later than {Date}.

If you choose to participate in the job registry, please provide an electronic copy of your resume to me prior to your last day of employment.

If you have any questions about the information contained in this letter, please contact me at {Phone}.

Sincerely,

{Agency Contact Name}

{Title}

{Agency Name}

Attachments:

* Reduction in Force Policy
* State of Montana Grievance Policy (ARM 2.21.8010 et seq.)
* Reduction in Force Transition Packet

**Reduction-in-Force Benefit Option Selection Form**

My signature below indicates I have received a copy of this letter informing me that my position is being eliminated as part of a reduction in force and provides an overview of the benefit options available to me because of the reduction in force. I understand that once I select an option and submit this form, I cannot change options.

**I select the following option that is indicated below:**

**[ ]  Option 1 - State Employee Protection Act – I understand that by selecting this option I am waiving my benefits under the Retirement Service Purchase Program.**

**[ ]  Option 2 - Retirement Service Purchase Program – I understand that by selecting this option I am waiving my benefits under the State Employee Protection Act.**

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Employee’s Signature Date

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Department Reduction in Force Date