Date VIA HAND DELIVERY

Employee’s name

Employee’s address

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

The purpose of this letter is to formally notify you that your (at-will OR probationary) position as a \_\_\_\_\_\_\_\_\_\_\_ in the College/Department of \_\_\_\_\_\_\_\_\_\_\_\_ is being eliminated due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. In accordance with Chapter 3, Section 3.1(h) of the University Operations Manual, the College/Department is required to provide you a notification period of [select: one/three] months, based on your \_\_\_\_\_\_\_\_\_\_ Status (department should review RIF comments to verify P&S Status and notice period for preparation of notice letter). Your last official day of work will be \_\_\_\_\_\_\_\_\_\_\_\_. Your salary and benefits will continue at their current level during the notification period.

Please be assured that this action in no way reflects dissatisfaction with your job performance. It is simply due to an inability to provide continued salary support.

Before you begin applying for new P&S positions at the University of Iowa, it is necessary that you complete the University Furlough Program Information ICON Course, Course # WFURLO in the Learning and Development ‘*My Training*’ application in Self Service. After you complete the ICON course, you may contact Compensation & Classification at 319-335-0055 to schedule a meeting with Ms. Consuelo Garcia, Sr. HR Specialist. You may also want to look into the Career Development Advising Services (319-335-2664) for assistance with career development services, resume and cover letter assistance, job search strategies, and other helpful career/employment assistance. Lastly, to obtain more information about your employment options, I would encourage you to contact your HR Unit Rep \_\_\_\_\_\_\_\_\_\_\_, at \_\_\_.\_\_.\_\_\_\_.

In the course of your employment with the University, you may have at one time or another had questions and/or needs concerning your health as it related to work. You are welcome to contact Faculty and Staff Disability Services (319-335-2660) for assistance concerning your health and seeking other employment. Finally, you may also wish to access the University’s Employee Assistance Program (319-335-2085) during your notice period and for 90 days beyond your termination date.

We wish to thank you for your contributions to the \_\_\_\_\_\_\_\_\_\_\_\_College / Department.

If I can offer assistance in any way, please contact me.

Sincerely,

cc: Unit Rep

 Sr. HR Leader

Consuelo Garcia