

**MINNESOTA MANAGEMENT
& BUDGET**
400 Centennial Building
658 Cedar Street
St. Paul, MN 55155

Request to be Placed on Layoff Lists

Job Information Line:
651.259.3637
E-mail: layoff.info@state.mn.us
Website: www.mn.gov/mmb

WHAT DO I NEED TO DO TO BE PLACED ON ADDITIONAL LAYOFF LISTS?

Complete this form and email it to layoff.info@state.mn.us only if you want your name placed on additional layoff lists for which you are eligible. This may include layoff lists for recall consideration in other **agencies, seniority units, location, employment conditions**, or for **previously held job classifications**.

For more information about layoff list provisions, refer to your [contract or plan](#) or your agency human resources office.

EMPLOYEE INFORMATION

Name (Last, First, Middle Initial):

Employee ID #:

Email address (required):

Effective Date of Layoff:

LIST REQUEST

Complete this section to indicate if you want your name placed on layoff lists for other Agencies/Seniority Units, Employment Conditions, and/or for eligible previously held job classes.

NOTE: You may only list equal and lower job classes where you had permanent or probationary status and which are in the bargaining unit (union or plan) from which you were laid off.

Please answer all questions. **I am willing to be recalled to:**

YES NO Other Agencies and Seniority Units.

YES NO Other Locations (**please list cities names or regions on back of form**)

YES NO Other employment conditions: Unlimited, Seasonal, Temporary or Limited

YES NO Other work hours: Full-time, Part-time or Intermittent

YES NO Other eligible job classes I previously served in as listed below:

Previous Job Class Title (and Option, if any)	Dates Worked in Previous Job Class		
	Title	From	To

Upon request, this document can be made available in alternate formats to individuals with disabilities by contacting careers@state.mn.us or 651.259.3637