

December 17, 1999

TO: (EMPLOYEE NAME)

This is to notify you that your position will be eliminated on February 26, 2000. You will be laid off at the close of business on that date. Passage of Initiative 695 eliminates the motor vehicle excise tax. This requires _____ to reduce service substantially and eliminate the positions of many valued employees.

Staff from the Washington State Department of Employment Security will be on site the first week of January. They will provide an overview of the services they provide to laid-off employees. The enclosed flyer includes some of the information they will be discussing, along with dates and times they will be at _____. By December 29th, contact _____, to reserve a spot.

Important things to remember:

- You will be eligible to apply for unemployment benefits after you are laid off.
- Continuation of your medical insurance benefits is available, on a self-paid basis, through the State of Washington Health Care Authority. Or you may also be eligible to participate in the Washington State Basic Health Plan. Please contact _____, to schedule a meeting with _____ Human Resources staff to review your benefit plan options.
- _____'s Employee Assistance Program, Magellan Behavioral Health, is available at 1-800------ for consultation on financial, emotional and other issues. This program will be available to you through May 2000.

The enclosed survey is provided by Employment Security. Please complete the survey and return to Human Resources by December 27th. Your response will help Employment Security tailor future training sessions. All responses are kept confidential.

Until your lay-off date, you continue to remain a valued employee of _____. Your service to _____ is greatly appreciated. It is my hope that _____ will receive additional funds and will be able to recall many employees. If you have any questions whatsoever, please do not hesitate to contact me or your department director.

Sincerely,

