

JMAC Resources	JMAC Ready-Mix
IHD Liquids	IHD Solids
JCO	Pronghorn, LLC
WDW	

Company must indicate above or form will be returned to individual completing it

# Employee Lay-Off

*Note: This form must be completed by supervisor and submitted to Human Resources prior to any discussion with employee regarding impending layoff. HR will set a formal layoff meeting date with supervisor. If more than one individual is being laid off (a group) submit list to HR for approval by General Manager prior to filling out individual forms.*

Employee Name:	
Employee Phone Number:	
Individual completing this form:	
Who is this employee's direct supervisor?	
Is this individual is part of a group layoff?	Yes      No
Is this lay-off approved by GM? <input type="checkbox"/> Yes <input type="checkbox"/> No	GM Signature:
What is this employee position/title:	Division:
Type of Layoff:      Seasonal – Job Attached      Permanent (if permanent fill out Letter of Termination)	
Date Layoff Starts:	
Last Day Worked:	
Expected Recall Date?	Not Applicable if Permanent Layoff
Will this employee remain in company housing?      No      Yes (if yes, employee must contact Housing Director)	
Supervisor Signature:	Date:

**Per Policy: All unused PTO will be paid out at time of layoff**

**FOR HR USE ONLY:**

HR will notify the following:     DOT Compliance     Shop     Safety Dept.     IT     Housing  
 Benefits (FCH)     State Unemployment Office

**For Payroll:**

Payout PTO Amount:

Contact Information:     No Changes     Changes (see attached Form)

Insurance:     Cobra     Continued Company Coverage

Forwarded to payroll on: \_\_\_\_\_ (date)    Placed in employment file: \_\_\_\_\_ (date)

*HR ~ upon receipt retain this page with employee file and email copy to Payroll*