## Layoff/Displacement Form ADM 4138

Employee Name:	EmplID:
Agency Name:	DeptID:
I. FOR LAID-OFF EMPLOYER	ES WHO HAVE DISPLACEMENT RIGHTS
I do □ / do not □ wish to exercise m exercise this right, my name will be	by displacement rights. I understand that if I do not on the reinstatement list only in the classification which I was laid off.
Employee's Signature	Date
	YEES OF STATE AGENCIES, BOARDS, INDEPENDENT INSTITUTIONS
laid off. If I am not, the following	The counties in the jurisdiction in which I am being are the counties in which I am available for nent and reemployment:
Counti	ies in District #:
	for which you <b>DO NOT</b> want to be considered for reemployment.
I understand I will NOT be perr	mitted to add or delete counties at a later date.
Employee's Signature	Date
AGE	ENCY USE ONLY
	Employee should be placed on all applicable lists in ction in which the employee is being laid off.
Agency Representative Printed Nan	ne Agency Representative Signature
	——————————————————————————————————————