

 COOK COUNTY HEALTH & HOSPITALS SYSTEM CCHHS	COOK COUNTY HEALTH & HOSPITALS SYSTEM EMPLOYMENT PLAN - SUPPLEMENTAL POLICIES	
POLICY TITLE: LAYOFF/RECALL		PAGE 1 of 1
Date of Approval: 06-10-2016 Effective Date: 10-17-2016	Policy Number: 02.01.17 Associated Personnel Rules: 7.01 thru 7.05	Policy Form: Layoff Notification, List and Certification Form; Recall

PURPOSE: To provide procedures regarding the layoff and recall of Employees in accordance with the CCHHS Personnel Rules and the Plan.

AREAS/EMPLOYEES AFFECTED: This Policy applies to all Departments and all Employees. If any provision in this Policy conflicts with a specific provision in any CBA, the provision in the CBA shall govern provided it does not permit or involve the use of any Unlawful Political Contact or Unlawful Political Discrimination. If any provision in this Policy conflicts with a specific provision in the Plan, the provision in the Plan shall govern.

POLICY AND PROCEDURE: The Department Head shall comply with the layoff and recall procedures contained in the CCHHS Personnel Rules and with the following when implementing any Layoff or Recall of Employees:

No Political Reasons of Factors. Employees may be subject to layoff or recall in accordance with this Policy, the CCHHS Personnel Rules and the Plan, as and if applicable. No Employee may be subject to layoff or recall based on any Political Reasons or Factors.

Basis or Bases for Layoff. All layoffs shall be based on specific operational and/or budgetary needs of the Department or CCHHS.

The Senior Leader shall identify which Position(s) within a classification may be affected by a layoff based on specific operational or budgetary needs, provided that all probationary Employees in the same Position(s) within a Department must be laid off before any non-probationary Employees in the same Position(s) within the Department is laid off. In determining the Employees who shall be laid off, the Senior Leader shall consider the Employees' education, training, experience, knowledge, skill, ability, qualifications, credentials, productivity and seniority. When all of these factors are equal, the least senior Employee shall be laid off. The Senior Leader shall consult with the Chief of Human Resources or his or her designee to determine accurate seniority dates (if applicable). The Senior Leader shall complete a Layoff Notification, List, and Certification Form and submit it to the Chief of Human Resources. The Chief of Human Resources will notify Employees of their layoff in compliance with the CCHHS Personnel Rules and this policy. The Chief of Human Resources shall provide the OIIG, the EPO, and the CA, while acting, with a copy of the Layoff Notification, List and Certification Form.

The Chief of Human Resources shall provide the OIIG, the EPO, and the CA, while acting, with the names of laid off Employees and the reason was operational or budgetary.

Recall. Employees shall be recalled pursuant to this Policy, the CCHHS Personnel Rules and the Plan. A copy of the recall list will be updated and sent to the EPO and the OIIG no less than once per year. The Chief of Human Resources will notify Employees of their eligibility for recall in compliance with the CCHHS Personnel Rules. For additional details of the Recall Process please see Section 7.01 thru 7.05 of the CCHHS Personnel Rules, a copy of which is attached as Exhibit A.

NPCC. All Management Employees participating in any Employment Action related to any layoff or recall must sign a NPCC certifying that no Political Reasons or Factors were considered.

LAYOFF/RECALL FORM
Policy Number: 02.01.17



LAYOFF NOTIFICATION AND CERTIFICATION

Date: _____

To: Chief of Department of Human Resources

From: _____
Senior Leader

Department: _____

Effective date of layoff: _____

Reason for layoff: _____

The following employee(s) have been selected for layoff:

<u>Name</u>	<u>Job Title</u>	<u>Basis for Selection</u>

Description of the operational and budgetary reasons for the layoff:

SENIOR LEADER CERTIFICATION

I certify that I am aware that I am strictly prohibited from conditioning, basing or knowingly prejudicing or affecting any term or aspect of CCHHS employment or hiring upon or because of any Political Reason or Factor as defined in the Employment Plan or knowingly inducing, aiding, abetting, participating in, cooperating with or threatening any act which is so prohibited. I certify, under penalty of perjury, as provided by the law that, to the best of my knowledge, Political Reasons or Factors did not enter into any Employment Actions taken with respect to the above selection(s) for layoff. I understand that failure to comply with the above prohibitions may result in sanctions, including disciplinary action up to and including termination and may subject me to criminal prosecution.

Signed: _____

Print Name: _____

Date: _____



NPCC CERTIFICATION

(To be used with Desk Audit, Layoff or Recall Policies)

Desk Audit

Layoff

Recall

I certify that I am aware that I am strictly prohibited from conditioning, basing or knowingly prejudicing or affecting any term or aspect of CCHHS employment or hiring upon or because of any political reason or factors as defined in the Employment Plan or knowingly inducing, aiding, abetting, participating in, cooperating with or threatening any act which is so prohibited. I certify, under penalty of perjury, as provided by the law that, to the best of my knowledge, Political Reasons or Factors did not enter into any Employment Actions taken with respect to the above identified process or any related Employment Action. I understand that failure to comply with the above prohibitions may result in sanctions, including disciplinary action up to and including termination, and may subject me to criminal prosecution.

Signed: _____

Print name: _____

Title: _____

Date: _____

Note: This form should be used by Human Resources Personnel who participate in conducting a Desk Audit, the Layoff process or Recall process. Please check the process, identified above, that applies to the current Employment Action.