



Minnesota
STATE COLLEGES
& UNIVERSITIES

MINNESOTA STATE COLLEGE FACULTY (MSCF)
LAYOFF INFORMATION SHEET

To be filled out by Faculty Member (please print)

Last name	First name	Middle initial
Home address		Mailing address (if different)

The Office of the Chancellor will notify you of all MSCF unlimited full-time vacancies system-wide. Your notice will be a copy of the MnSCU Employment Opportunities Weekly Bulletin. The preferred way of providing this document to you is via E-mail. This will ensure you receive your copy as quickly as possible. Please provide the following information to facilitate this process:

E-mail address: _____

Will your E-mail address change after your last working day?
 _____ No _____ Yes. Please list the new E-mail address: _____

If you will not have an E-mail address after your last working day, please check one of the following:
 _____ I will check for vacancies in the MnSCU Employment Opportunities at <http://www.hr.mnscu.edu/jobs/index> during my layoff claiming period.
 _____ Please send a copy of the MnSCU Employment Opportunities to the mailing address provided on this information sheet during my layoff claiming period.

PLEASE NOTE: All changes to E-mail and/or mailing addresses are the responsibility of the faculty member. Returned MnSCU Employment Opportunities will not be forwarded.

Telephone number	Signature of Faculty Member / Date
Daytime: _____ - _____ - _____	
Evening: : _____ - _____ - _____	
Cellular: _____ - _____ - _____	

To be filled out by Human Resources Director

Effective date of layoff:

Check one: _____ Former MCCFA _____ Former UTCE : [_____ = more than 5 years of service _____ = 4 years of service]

License* Code #	Credential Field(s) [license/assigned field]	License* Expiration Date	Circle License* Type	Circle License* Status	Initial Seniority Date	Tie Breaker Seniority Date	Claiming Seniority Date
			FT PT	A InA			
			FT PT	A InA			
			FT PT	A InA			
			FT PT	A InA			
			FT PT	A InA			

**Leave blank if assigned field.*

Signature of Human Resources Director:	Date:	College:
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