

[Contractor]
Workforce Restructuring Plan:
Self-Select Voluntary Separation Plan

For

**U.S. Department of Energy or National
Nuclear Security Administration
[Insert Name of Site Office]**

Effective: [Insert Date]

Preface

Based upon a determination that a change in the work force is necessary at the [Insert Site Name] (Site Abbreviation), [DOE Site Office] developed a Work Force Restructuring Plan (Plan). The objectives of the Plan are to minimize involuntary separations, reduce the social and economic impact of restructuring on individuals involuntarily separated, and mitigate the detrimental effects of restructuring on the surrounding communities. One method of minimizing the impact of the Plan on employees is to allow employees to volunteer for participation in a Self-Select Voluntary Separation Plan (SS VSP). Employees who want to volunteer will submit a Self-Select Request for Separation form (Self-Select Request) as provided in this Plan. [Contractor] will exclude or limit participation in the SS VSP by employees who possess skills or who hold positions that are critical to the continued completion of the mission at the site/laboratory/plant. [Contractor] reserves the right in its sole discretion to determine whether to accept applications from individual employees to participate in the SS VSP. [Contractor] management will base its decisions on the ability of the employee's organization to adjust for the loss of the employee's knowledge, skills, and abilities.

[Contractor] anticipates the need to reduce headcount by up to [insert number] employees, see Appendix B. [IF APPROPRIATE:] All job groups, including management, technical, administrative, and bargaining unit jobs, to the extent permitted by the parties' collective bargaining agreements and applicable law, will be affected. Involuntary separations may be required if the self-select process does not reduce employment levels sufficiently.

Announcing SS VSP

- The [President/Lab Director] of [Contractor] will make a formal announcement of an SS VSP and provide that [Contractor] employees will be eligible to be considered for participation in the SS VSP, with the exception of part-time, casual, and co-op employees. Bargaining unit employees may participate consistent with their collective-bargaining agreements and applicable law.
- Employees will have about [insert time in days or weeks] to apply for participation in the SS VSP, with specific dates to be provided in the announcement.
- Management will consider all requests to participate in the SS VSP, but reserves the right in its sole discretion to approve or disapprove any request based on the requirements of the business.
- Information about severance, benefits, and retirement plans upon layoff (see below).
- Employees will have points of contact for questions.
- Employees will receive a copy of the Self-Select form (Appendix A).

Management should neither encourage nor discourage employees to volunteer. If an employee solicits his or her supervisor's opinion concerning whether the employee should request to participate in the SS VSP, the supervisor will make it clear that the decision is up to the employee and will not offer advice or opinions.

Approving/Disapproving Requests

[Contractor] will use neutral and objective criteria to determine whether to accept a request. Examples of factors that may be relevant are documented individual performance, seniority, the need for the individual's skills taking into account retraining possibilities, and the number of individuals with the required skills. [Contractor] Management will decide whether to accept an employee's request for the SS VSP based on the requirements of [Contractor] as determined by [Contractor] in its sole discretion, the anticipated budgets/funding, and the ability of [Contractor] to accommodate for the loss of the individual's knowledge, skills, and abilities. [Contractor] will consider the following:

- (a) Will [Contractor] have to fill the employee's position within one year? If the position must be filled, then the request should be disapproved unless the position can be filled pursuant to (b) below.
- (b) If another employee, who would be laid off pursuant to the Plan, can adequately fill the position of the employee, then the request should be approved.
- (c) Will the loss of the employee have a significant affect on [Contractor]'s ability to continue to adequately fulfill its missions? If there will be a significant affect, and if that affect cannot be relieved by filling the position with an employee pursuant to (b) above, then the request should be disapproved.

The Department/Division Managers and Directors indicate their approval or disapproval on the Self-Select form. Justification for disapproval needs to be included (a separate page can be attached if necessary).

The Managers and Directors forward All SS VSP request forms to [Contractor] Human Resources, including those they disapprove.

NOTE: Positions eliminated during a SS VSP – as those positions eliminated in an Involuntary Separation Program – cannot later be backfilled.

Human Resources Approval and Analysis

[Contractor] Human Resources Department (HR) will enter information from all SS VSP request forms on a spreadsheet for recordkeeping and analysis. HR maintains the original SS VSP forms for one year. [Contractor] will review the requests each time a lay-off of employees occurs during that year. An initially disapproved request may receive approval later if circumstances change.

The [Title of Manager] of HR, [Title of Manager] of Training, and [Title of Manager] of Labor Relations (LR) or their designees will review and approve or disapprove each request to participate in a SS VSP. When the [Title of Manager] of HR, Training, and LR or their designees disagree with the [Employee's Director/Manager's] decision, they discuss the situation

to come to agreement. If they cannot agree, the [Indicate final decision maker] will make the final determination.

Notifying Employees

HR provides [Head of Offices – Directors/Managers] with their final list of employees selected to participate in the SS VSP. HR (Employment) works with the [Directors/Managers] to determine the date accepted employees will actually terminate employment and that information will be included in the letters to employees whose requests are accepted. [Insert Title of who will meet with employee] will meet with each requestor, tell them the status of their request (whether approved or disapproved), and hand the formal SS VSP letter to those who are approved. HR will inform other [Contractor] organizations and applicable NSO security contractors of the upcoming terminations.

Rescinding the Self-Select Form

Employees may elect to rescind their Self-Select Request by doing so in writing (including notification by e-mail) to Human Resources, up until the effective date of their separation. The right to rescind a Request to participate will be set forth in the formal SS VSP letter prepared by HR.

Out Processing

On the day prior to their scheduled out-processing appointment, applicants' supervisors and managers will take possession of company/government property, manuals, etc. from separating employees.

On their last day of work (which will also be their last day of employment), HR (Employment and Benefits) will out process employees participating in the SS VSP. An HR staff member will conduct an exit interview with each SS VSP employee according to a script. The script will specifically require each employee to verify that he or she has freely decided to terminate employment without any coercion or duress, and each separating employee will execute a form attesting to that fact.

Information about the Separation Package (benefits, retirement, etc.)

Severance Pay: Affected employees receive [insert proper severance pay, i.e., one week of base pay for each year of accredited service, up to a maximum of 15 weeks severance pay]. Employees with less than one year of accredited service receives [insert what amount, if any pay]. Employees must complete at least six months of accredited service in their final year of employment to receive severance pay for that year. A contractor or affiliate will not give severance pay for any previous service for which severance was paid. Calculations for retirement benefits do not include severance pay. Affected employees who elect to separate as part of the SS VSP and retire still receive severance pay.

Health Care: Employees who are currently enrolled in a company-sponsored health plan, and who are not eligible for coverage under another employer's group health plan, contractor's retiree medical plan, a spouse's employer's plan, the Affordable Care Act, or Medicare are eligible for the DOE Displaced Workers Medical Benefits Program (DWMBP). An employee may continue coverage under the DWMBP, during any waiting period before coverage under a new plan is effective. Employee premiums for this program are:

- *First Year:* Current active employee rate
- *Second Year:* 50% of the appropriate COBRA rate
- *Third Year and beyond:* 100% of the appropriate COBRA rate

Alternatively, terminated employees may elect to continue medical coverage under COBRA. Employees will receive a separate notice of COBRA benefits.

Short Term and Long Term Disability: Example: Coverage under these plans cease on the effective date of separation unless the employee is declared totally disabled by a physician before the employee's separation date. There are no conversion privileges.

Life Insurance: Example: Coverage ceases on the effective date of separation. Employees have [number] days to convert to an individual policy.

Flexible Spending Accounts (FSAs):

- *Health Care FSA Plan:* If an employee is enrolled in this Plan, contributions (which are made on a before-tax basis) stop on the employee's last day of employment and remain in the employee's account for ninety (90) days unless the employee elects to continue participation until the end of the current Plan year (December 31, [Year], under COBRA.

Note: *If the employee elects not to continue this Plan through COBRA provisions, the employee is eligible to file claims against his or her current Health Care FSA election for services received prior to the employee's last day of work. Employees must submit all claims within ninety (90) days of the employee's termination date.*

- *Dependent Care FSA Plan:* Contributions to this Plan stop on the last day of employment, and remain in the account for 90 days. The employee is eligible to file claims against the account balance for services received prior to the employee's last day of work. Employees must submit all claims within 90 days of the employee's separation date.

Voluntary Personal Accident Insurance: Voluntary Accident Insurance ceases on the effective date of separation. There are no conversion privileges.

Retirement Plan: If the employee has [number] or more years of vested service at the time of the employee's separation date, the employee is vested in the Plan. Vested employees will receive a letter that will explain their status and provide the amount of their vested benefits.

If the employee does not have [number] years of total vesting service at the time of separation, the employee is not vested. [Insert other information applicable].

Thrift Plan (401(k)): Employees are vested in the employer matching contributions after [number] years of service, provided they worked at least 1,000 hours in each of those years. Employees may elect to withdraw, roll over, or defer distribution of their thrift plan funds.

[Company] will provide information to employees who have Thrift Plan loans outstanding so that they can continue to repay the loan, thereby avoiding taxes and penalties. If an employee chooses not to repay the loan, it will be “in default” and the unpaid balance deemed a taxable distribution.

Vacation Plan: Any hours earned and unused will be paid to the employee in the employee’s final paycheck.

Employee Assistance Program (EAP): Employees and their eligible dependents may use the services of the Company-designated Employee Assistance Program (EAP) for up to three visits within the three-month period following the date of separation. Employees may contact the EAP directly at [Telephone Number] to set up an appointment.

Outplacement Services: The [State] Department of Employment, Training, and Rehabilitation’s Rapid Response Team will provide information on job seeking skills and filing for unemployment. In addition, [Contractor] will offer additional assistance in resume writing, interviewing, and finding open positions.

Preference in Hiring:

[Insert Company Policy] Example: Voluntarily separated employees are not eligible for the Section 3161 preference in hiring. Such individuals may apply for open positions for which they are qualified. For the first 90 days following the effective date of separation, SS VSP separated employees will be considered internal applicants (not external applicants). However, individuals who separate from employment as part of the SS VSP and return to work for a DOE contractor or subcontractor during the first year after terminating their employment **must** repay the pro rata portion of the severance pay they received attributable to the portion of that year they returned to work.

APPENDIX – A

Self-Select Request for Separation

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SECTION 1 – APPLICATION FOR SELF-SELECT VOLUNTARY SEPARATION

I hereby VOLUNTARILY APPLY to be considered for termination from employment with [Contractor] (“Employer”). I am selecting this option of my own free will after having had an opportunity to review the terms, conditions and consequences of designating myself for the “self-select” process. IF APPROPRIATE: [I understand that if there are insufficient volunteers, then I may be considered for involuntary termination, and therefore, by voluntarily applying to be considered for termination, I will be assisting the Employer in determining who should be terminated.] I agree that the Employer has no obligation to reemploy me in the future and I understand that I do not have rehire preference rights under Section 3161 of the National Defense Authorization Act for Fiscal Year 1993.

I understand that this Request is subject to the approval of the Employer and, if approved, my employment will be terminated subject to the same terms and conditions applicable to all other participants in the Self-Select Voluntary Separation Program. The separation package has been explained to my satisfaction.

I agree that, if I am selected by the Employer to participate in the Self-Select Request for Separation Program and I then become employed by the Department of Energy (DOE) or the National Nuclear Security Administration (NNSA), the Employer, or any other contractor or subcontractor to the DOE or the NNSA for work performed under a contract with the DOE or the NNSA within a period of one (1) year from the date of my separation, I may be required to repay a portion or all of the severance payments which I received pursuant to my participation in the Self Select Voluntary Separation Program, and I agree to such payment. Examples of employment that may require me to repay severance include, but are not limited to, work under contracts or subcontracts with the DOE or the NNSA such as temporary employment contracts, service contracts, general task order assignments, indefinite quantity contracts, basic ordering agreements, and consultant contracts. However, my obligation to repay severance would not be triggered by employment with a company that provides supplies, equipment, materials, commodities, or services for a DOE or NNSA facility under a fixed priced contract or purchase order and whose primary business activities are not in support of such DOE or NNSA facility.

I have read this Request to terminate employment as part of the Self –Select Voluntary Separation Program and agree to abide by the terms set forth herein if my Request is accepted:

Name: _____
(Print Last Name, First Name, MI)

Employee
Number: _____

Signature: _____

Date: _____

Self-Select Request for Separation

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Section 2 – Management Approvals

Department/Division Manager:

This Request to terminate employment as part of the Self –Select Voluntary Separation Program is:

APPROVED **DISAPPROVED**

Justification if disapproved: _____

Department/Division Manager's Name (Please Print) _____ Department Number: _____

Department/Division Manager's Signature _____ Date: _____

Director:

This Request to terminate employment as part of the Self –Select Voluntary Separation Program is:

APPROVED **DISAPPROVED**

Justification if disapproved: _____

Director's Name (Please Print) _____

Director's Signature _____ Date: _____

Self-Select Request for Separation

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SECTION 3 – Human Resources Approval

This Request to terminate employment as part of the Self –Select Voluntary Separation Program is:

APPROVED **DISAPPROVED**

Justification if disapproved: _____

Division Manager of Human Resources,
Training, and Labor Relations Name (Please Print) _____

Division Manager of Human Resources,
Training, and Labor Relations Signature _____ Date: _____

SECTION 4 – [Insert Title] Approval (if necessary)

In the event the Director and Human Resources do not agree, the [Insert Title] determines whether the Self-Select request is approved.

This Application to terminate employment as part of the Self –Select Voluntary Separation Program is:

APPROVED **DISAPPROVED**

Justification if disapproved: _____

COO Name (Please Print) _____

COO Signature _____ Date: _____