



VOLUNTARY FURLOUGH: LETTER OF AGREEMENT

Employee Name _____

A# _____

Requested dates of furlough _____ to _____

Total number of requested hours _____

Total number of requested days _____

I understand the following program requirements:

- I will not be eligible to receive a salary during a furlough;
- Furlough days cannot exceed forty-five (45) calendar days per fiscal year;
- I am responsible for benefits deductions which require only employee contributions, including during pay cycles when I receive no salary payments;
- I am using voluntary furlough days in place of any available paid leave (e.g., Annual Leave, Sick Leave);
- As a staff member, I am responsible for entering my furlough days into OneStop in whole day increments;
- As a faculty member, I understand this agreement will serve as the reporting of furlough time taken.
- I am not allowed to perform any work when on voluntary furlough;
- Exempt staff employees must take 5 consecutive workdays in the FLSA workweek;
- Placement of an employee on voluntary furlough is not grievable or appealable.

I acknowledge and agree that I have knowingly and voluntarily entered into this Agreement by signing below.

Employee Signature

Department Signature

Date

Date