



DOCUMENT INFORMATION

Policy Title:	Voluntary Furloughs
Department/Manual:	Human Resources
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Approved By:	
Final Approval:	Chief Human Resources Officer: Gerard Garcia
Attachments:	Exhibit: Request for Unpaid Voluntary Furlough Form

I. PURPOSE

To govern when the Hospital may allow certain regular full or part-time employees to request an unpaid, voluntary furlough when economic conditions, as determined by the President and CEO, warrant the reduction of State funded expenditures. The Hospital can then accrue cash savings in an effort to avoid imposing involuntary layoffs or to lessen the magnitude of such layoffs. However, the granting of such furloughs shall not be limited solely to such circumstances.

This policy permits employees on approved furloughs to maintain most benefits, even though they are not in pay status.

II. SCOPE

This policy is applicable to all regular full or part-time (at least 20 hours) employees and does not apply to temporary employees whether full or part-time.

III. DEFINITIONS

A. **Voluntary Furlough** – A voluntary furlough is a scheduled period of time away from work or duty at the Hospital not exceeding thirty (30) consecutive days.

- B. **Intermittent Furlough** – A voluntary intermittent furlough is: (a) a reduced number of work hours in a day (for non-exempt employees only); (b) a reduced number of work days in a week, or (c) random days off during the work week. All of these options shall not exceed a total of thirty (30) days.
- C. **Extended Furlough** – A voluntary extended furlough is scheduled time away from work or duty of at least one full pay period and up to thirty (30) consecutive days.

IV. POLICY

A. Use of Voluntary Furloughs

Voluntary furloughs may be granted when the President and CEO has determined that economic conditions warrant the reduction of State funded salary expenditures, and may be used to reduce such expenditures. However, the granting of such furloughs shall not be limited solely to such circumstances.

B. Granting Requests

1. Requests for voluntary furloughs may be granted provided such approval does not generate overtime; necessitate the hiring of a temporary replacement; or result in a loss of anticipated revenues.
2. A department head shall have the right to disapprove any requests for a voluntary furlough when operationally necessary. A disapproval or partial disapproval of a request for voluntary furlough shall not be subject to any grievance procedure.

C. Benefits Coverage

1. Employees approved for furloughs shall continue to accrue seniority during the furlough and their basic health benefits shall continue.
2. Employees shall be responsible to make any required health plan contributions and dental coverage premiums if there are insufficient bi-weekly earnings to cover these payments.
3. Pension deductions and contributory life premiums will continue provided the bi-weekly earnings are sufficient to cover these deductions. For purposes of pension calculations, an extended furlough covering a minimum of one (1) full pay period up to three (3) months is considered a leave of absence without pay. Eligible pension members may apply to purchase the pension service credit for a maximum of three (3) months at any time once they return to active payroll by contacting the Division of Pension and Benefits.
4. Other payroll deductions such as parking, credit union, saving bonds, etc., will continue provided the earnings during the pay period are sufficient to cover such deductions.

5. Employees shall retain their anniversary date for merit increases and shall be eligible to seek promotions while on furlough.
6. Employees shall continue to accrue vacation and sick leave for intermittent or consecutive furlough days of thirty (30) days or less. After thirty (30) days, the regulations for unpaid leave of absence will apply (Human Resources Policy Manual, Leave of Absence for Personal, Academic, Military).

D. LAYOFFS

If a layoff should occur while an employee is on a voluntary furlough, the employee's status shall be determined as if the employee was in active status. For example, if the employee was in active status, and the employee would have been subject to a layoff notice, he/she shall receive a layoff notice and his/her status shall be determined by following the Hospital's layoff policy and procedure.

E. Other Employment While on Furlough

Employees may work for an employer other than the Hospital while on a voluntary furlough provided such employment does not violate pertinent Hospital policies.

V. PROCEDURE

Performed By:

Action Taken:

- | | |
|-------------------------------|---|
| Employee | 1. Employees wishing to apply for a voluntary furlough shall complete a Request for Unpaid Voluntary Furlough form (EXHIBIT), and submit the request to the appropriate Department Head for approval. |
| Department Head | 2. Approves or denies request. If approved, the form is to be submitted to the appropriate Executive. |
| Executive | 3. Approves or denies request. If approved, the form is to be submitted to the Chief Human Resources Officer. |
| Chief Human Resources Officer | 4. Approves or denies request and returns the Request for Unpaid Voluntary Furlough form to the Department Head. |

Department Head

5. Notifies the employee as to the final approval or denial of his/her request for an unpaid voluntary furlough.

Employee or Supervisor

6. Enters SD (salary delete) on timesheet for each day scheduled to be on voluntary furlough.

VI. **RESPONSIBILITIES**

Under the direction of the President and CEO, the Chief Human Resources Officer shall ensure compliance with this policy.

VII. **ATTACHMENTS**

Exhibit: Request for Unpaid Voluntary Furlough Form

EXHIBIT

REQUEST FOR UNPAID VOLUNTARY FURLOUGH

Employee Name	Title	Hospital ID#	Date

Type of Unpaid Voluntary Furloughs (check one):

INTERMITTENT:

I hereby request a reduction of my work hours per day from: _____
Current Hours Per Day
to _____ for the period _____ to _____
Hours Per Day Date Date

(The above option is for non-exempt employees only)

I hereby request a reduction in the number of work days in a week from _____
Current Days Per Week
to _____ for the period _____ to _____
Days Per Week Date Date

I hereby apply for an unpaid intermittent voluntary furlough for the following random dates:

List Dates

EXTENDED: (No earnings in at least one (1) pay period, up to thirty (30) days for any one (1) furlough)

I hereby apply for an extended voluntary furlough for _____ consecutive days
(minimum of one (1) full pay period) up to thirty (30) days beginning _____
Date
returning to _____.
Date

In applying for this voluntary furlough, I understand the following:

1. During this voluntary furlough, I may work for an employer other than the Hospital, provided such employment does not violate Hospital policies, Code of Ethics: General Conduct and Outside Activities.

2. If a layoff should occur while I am on a voluntary furlough, my status shall be determined as if I were in active status. For example, if I am subject to a layoff notice, I will receive a layoff notice and my status will be determined by following the Hospital's Layoff Policy.

EXHIBIT (CONTINUED)

REQUEST FOR UNPAID VOLUNTARY FURLOUGH

3. During this furlough, I shall retain my anniversary date for merit increases, if applicable, and shall be eligible to seek promotions while on furlough.
4. I will continue to accrue sick and vacation leave for intermittent or consecutive furlough days of thirty (30) days or less. After thirty (30) days, the regulations for unpaid leave of absence will apply.
5. I will continue to accrue seniority during the furlough and my basic health benefits shall continue.
6. I will be responsible to make any required health plan contributions and where applicable, pay my share of the dental coverage premium.
7. Pension deductions and contributory life insurance premiums will continue, provided my bi-weekly earnings are sufficient to cover these deductions. Extended furloughs covering a minimum of one (1) full pay period up to three (3) months is considered a leave of absence without pay. If eligible I may apply to purchase the pension service credit for a maximum of three (3) months at any time once I return to work.
8. Other payroll deductions such as parking, credit union, savings bond, etc., shall continue provided earnings during the pay period are sufficient to cover such deductions.
9. This furlough will not be approved until all required signatures have been obtained.
10. Failure to return to work upon the completion of this furlough without securing permission to continue on leave from the Hospital shall subject me to disciplinary action up to and including possible termination of employment.

Employee's Signature

Date

Approved
Rejected

Department Head

Date

Approved
Rejected

Executive

Date

EXHIBIT (CONTINUED)

REQUEST FOR UNPAID VOLUNTARY FURLOUGH

Approved

Rejected

Chief Human Resources Officer

Date