San Diego Community College District
Voluntary Furlough Program
Election Form for Permanent Employees

SECTION 1: FOR COMPLETION BY THE EMPLOYEE

Employee Name: _____   Employee ID: _____

Campus/Division/Department: _____   Bargaining Unit: _____

Email Address: _____   Contact Phone: _____

SECTION 2: ENROLLMENT

I request to enroll in the Voluntary Furlough Program under the following options:

☐ **Option 1: Reduction in FTE. Reduction of scheduled workday or workweek.**

Specify the hours or days to be <u>reduced</u>. For faculty, specify the FTE or class you will be reducing.

_____ hours per day or _____ days (e.g., Monday, Friday) _____

From pay period starting _____ to pay period ending _____

Additional explanation _____

_____

☐ **Option 2: Block of time off. Preferably an entire pay period.**

Specify the block of time to be off: _____

From pay period starting _____ to pay period ending _____

- I understand that my participation in the program is completely voluntary and that I am not required to participate, and I have not been subjected to any influence or pressure to do so.
- I agree to participate with the understanding that the District will continue its contributions to   my life insurance, disability and health benefits and that vacation and sick time leave accruals will be prorated in accordance to my adjusted FTE.
- I understand there will be no employer or employee CalPERS, CalSafety PERS or CalSTRS contribution for any furlough time taken and that I am ineligible to buy that time back.
- My supervisor and next level manager will review my request to determine if the request meets the department's staffing needs.

_____   _____

Signature   **Date**

SECTION 3: MANAGEMENT APPROVAL – Direct Supervisor AND Second Level Management Approval Required

Employee's request has been reviewed

❶   ☐ **Request denied.**   ☐ **Request approved.**

_____   _____

Name   **Title**

_____   _____

Signature   **Date**

❷   ☐ **Request denied.**   ☐ **Request approved.**

_____   _____

Name   **Title**

_____   _____

Signature   **Date**

☞ **Forward the VFP Form to your Campus Business Office for completion of a Personnel Action Sheet (PAS).**

☞ **Completed PAS and VFP Form to be emailed to furlough@sdccd.edu.**