

SUNY BROOME COMMUNITY COLLEGE VOLUNTARY FURLOUGH REQUEST

In accordance with the COVID-19 Voluntary Furlough Memorandum of Understanding with the collective bargaining unit or the MC Staff benefit statement, I request to participate in the Voluntary Furlough Program to reduce current staffing on a temporary basis due to lack of work for a period which will begin on or about July 1, 2020, through approximately December 31, 2020. I have been provided a copy of the bargaining unit Memorandum of Understanding or benefit statement with the College and acknowledge that I have been instructed to read the full terms applicable to my request and that the following limited terms are highlighted:

- I will be treated as an unpaid leave of absence during the period.
- I may continue my current group health insurance benefits by paying my normal monthly premiums at the first of each month directly to the County.
- No accrued paid leave time such as vacation, sick or personal time or any paid holiday will be earned or used.
- No contributions will be made on my behalf to the NYS Employees' Retirement System (ERS); Teachers' Retirement System (TRS); or the Optional Retirement System (ORP) such that no service credit will be earned.
- I am not authorized to perform any work for the College of any kind during the period.
- SUNY Broome Community College will process this request in accordance with the determined staffing levels. I am not guaranteed approval of my request. If approved, all or part of the full furlough period may be assigned to me.
- An approved furlough request may be terminated by my written request to be reinstated received by the SUNY Broome Human Resources Office no less than seven (7) calendar days before I will return and may also be terminated by the College with five (5) calendar day notice unless we mutually agree otherwise.
- Participation in this Voluntary Furlough Program does not guarantee that I will not be affected by permanent staffing reductions as may be determined necessary at a later date. Any permanent reductions in staff will be administered in accordance with the provisions of the current collective bargaining unit Memorandum of Understanding or benefit statement and Civil Service Law.

Employee Name:	Job Title:
Department:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (check one)
The full-time hours per week for my Department:	<input type="checkbox"/> 35 <input type="checkbox"/> 37.5 <input type="checkbox"/> 40 (check one)
I have been provided a copy of the Voluntary Furlough MOU between my bargaining unit or benefit statement and SUNY Broome Community College and hereby request to participate: Check One: FA <input type="checkbox"/> ESPA <input type="checkbox"/> Guild <input type="checkbox"/> MC <input type="checkbox"/>	
Employee Signature:	Date:
Supervisor Signature:	Date:
Supervisor: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Department Head Signature:	Date:
Department Head: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Department Head Comments - Please state your observations as to the appropriateness of the employee's voluntary furlough request:	
Please return completed form to: Lynn Fedorchak in the Human Resources Office. at HR@sunybroome.edu . or Mail Stop #38; Ext. 5319.	