

**CITY OF SAN JOSE
FISCAL YEAR 2020-2021
VOLUNTARY FURLOUGH PROGRAM REQUEST FORM**

Instructions:

1. Type information in Section 1.
2. Forward application to Supervisor and Department Director/Designee for completion of Sections 2 & 3.
3. Forward all approved/declined applications to the Office of Employee Relations via email to employee.relations@sanjoseca.gov by June 12, 2020. **Wet signatures are not required** (/s/ and name is acceptable).

Section 1: To be completed by Employee

Name:	Classification:	Please check: Full-Time Part-Time
Department:	Supervisor Name:	Employee ID:

Upon approval, voluntary furlough time off can be used anytime **June 14, 2020, through June 12, 2021**.

- **Full-time hourly** employees may sign up for a maximum of **45 hours**.
- **Salaried** employees (classifications represented by ALP, AEA, CAMP and employees in Unit 99) must request **40 consecutive hours** of voluntary furlough time off that must be taken in the same work week.
- Employees represented by POA and IAFF, Local 230 are **not eligible** for the FY 2020-2021 Voluntary Furlough Program

Total number of days requested:	Total number of hours requested (if applicable):
Date(s) requested (if known at the time of request):	

- I understand this time away from work will be **without pay**.
- I understand that I will continue to pay retirement contributions for unpaid furlough time off.
- I understand that I will not accrue vacation or sick leave while taking unpaid furlough time off.
- I understand that once this request is approved, I am committing to and will be required to take the designated amount of time off without pay during Fiscal Year 2020-2021.
- I understand that I may not take more than the approved number of voluntary furlough hours.
- I understand that a time-off request may be denied due to operational necessity or if the request would result in overtime.

_____ If I am a salaried employee, I understand that I may not sign up for anything other than 40 hours and that the 40 hours must be taken **consecutively** in the same work week.
(initial here)

Employee Signature: _____ Date: _____

Section 2: To be completed by Supervisor

Approval is: ___ Recommended ___ Not Recommended
I have reviewed and considered the service level impacts of this request and I have also verified it will not result in unintended overtime.
Signature: _____ Date: _____

Section 3: To be completed by Department Director/Designee

Furlough Request is: ___ Approved ___ Not Approved
I have reviewed and considered the service level impacts of this request and I have also verified it will not result in unintended overtime.
Signature: _____ Date: _____