



## **Hampshire College Staff Voluntary Furlough Program Election Form**

I hereby elect to participate in the **Staff Voluntary Furlough Program**.

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 College will continue its contributions to my life insurance, disability and health benefits and that vacation, sick and personal time will not be affected.

I have had the opportunity to discuss and review with the Payroll Office the amount and timing of all deductions from pay that will be made in connection with furlough days that I take. I understand there will be no employer or employee TIAA contribution for any furlough days taken.

I have the right to opt out of planned voluntary furlough days by giving written notice to my supervisor and the Payroll Office no fewer than two work weeks before the planned furlough day.

I understand that I am not allowed to perform any work during a furlough day. I am not to check College email, make or take calls on College business, or otherwise engage in work for the College during a furlough day.

My supervisor and/or next level supervisor will review my request to determine if the request meets the department's staffing levels.

I have indicated below the furlough days I am selecting (not to exceed 30 days) and the pay periods over which I would like the deductions made. I understand the deduction from my pay will be in the amount of the gross pay amount for the day(s) I have selected and will be spread over the indicated number of pay periods including the pay period in which the furlough day(s) was/were taken. I understand that pay cannot be deducted before the furlough day is taken.

Furlough Date(s) Requested	# of Pay Periods Over Which Deductions Are To Be Made (Circle Choice Selected)
	One Pay Period      Other*: _____ pay periods
	One Pay Period      Other*: _____ pay periods
	One Pay Period      Other*: _____ pay periods
	One Pay Period      Other*: _____ pay periods
	One Pay Period      Other*: _____ pay periods
	One Pay Period      Other*: _____ pay periods
	One Pay Period      Other*: _____ pay periods
	One Pay Period      Other*: _____ pay periods
	One Pay Period      Other*: _____ pay periods
	One Pay Period      Other*: _____ pay periods
	One Pay Period      Other*: _____ pay periods

**\*Pay periods may not exceed 3 for exempt and 6 for non-exempt staff**

*I hereby authorize the appropriate contributions to be deducted from my paycheck for the days indicated.*

Employee Name (please print) \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Next Level Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please forward this form to the Payroll Office.**

**Thank you for participating in the Staff Voluntary Furlough Program.**