



# 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 option:

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

Specify the hours or days to be reduced. 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

**Option 2: 100% Leave. Must be an entire pay period unless previously approved by People, Culture, & Technology Services.**

From pay period starting \_\_\_\_\_ to pay period ending \_\_\_\_\_

Additional explanation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION 3: EMPLOYEE ATTESTATION

I understand and agree to the following:

- My participation in the program is completely voluntary and I am not required to participate, and I have not been subjected to any influence or pressure to do so.
- 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.
- 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.



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

- All employee share of benefit premiums and deductions are required to be paid prior to commencement of furlough. Any uncollected premiums or deductions will go into arrears and unpaid premiums will be deducted from future payroll warrants until fully collected. Employee benefit deductions that are not paid in current calendar year will not be tax advantaged. In the case of separation of employment following/during a furlough period full repayment of any unpaid premiums will be deducted from my final pay. If there is no final pay due, I will be liable for full repayment of any unpaid premiums.

\_\_\_\_\_  
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.

\_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Title

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

- ❷  Request denied.  Request approved.

\_\_\_\_\_  
Manager 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](mailto:furlough@sdccd.edu).