



William Paterson University Voluntary Furlough Program

The Department of Civil Service Merit System Board issued an extension to the current "rule relaxation" which permits State employees, and employees of State Colleges and Universities (except Rutgers, UMDNJ, and NJIT), to request unlimited furlough through the end of Fiscal Year 2010 (June 30, 2010), without loss of benefits including employer paid health benefits.

Under the relaxed rules, unlimited employer-approved furlough may be taken as long as there are no increased costs due to overtime or the need to backfill positions and no loss of anticipated revenue.

The University strongly supports the program's intent, which is to reduce salary cost and aid in reducing the State's fiscal budget deficit. Employees are afforded the opportunity to take time off from work **without pay** while retaining certain benefits as though "in pay" status. Employees eligible to participate in this program include all full time permanent classified staff, professional staff, faculty, librarians, and higher education managers.

Accrual of leave time, anniversary dates and seniority are treated as if the employee is in pay status for the duration of the furlough.

An employee who wishes to participate in the program must utilize the Voluntary Furlough Request Form. The request must include the reason for and the manner in which the employee proposes to use the leave, i.e., shorter work days, intermittent days off, or consecutive days off. Furlough may be taken in increments as small as one (1) hour. Furlough must be approved in advance and can only be revised by the Office of Payroll and Benefits.

Furlough cannot be used for sick leave, leave without pay due to disability, or to seek or engage in alternate employment.

Faculty who wish to participate in the program may do so, if approved, through a plan of course reduction, with commensurate reduction in pay for one semester, as contractually defined, up to full release from teaching. Options which cause disruption in the conduct of courses (i.e., part of a semester) cannot be considered.

The University may suspend or terminate the Voluntary Furlough Program at any time upon 30 days notice to affected employees and bargaining unit representatives. The University may deny an employee the opportunity to participate if it determines such participation will be detrimental to the public health, safety, or welfare, or would result in increased costs to the University due to increased overtime, hiring of additional staff, or loss of anticipated revenue.

In addition, exclusions may apply for employees in grant-funded positions and for reasons of institutional or programmatic need.

Applicants must submit a "Voluntary Furlough Request" at least twenty (20) days prior to the start of the furlough. Requests must be approved by the supervisor/manager and forwarded to the Division Vice President. The completed and signed form should then be forwarded to the Office of Payroll & Benefits for final review.

If you have any questions about the Voluntary Furlough Program, please call Debbie Zayas in the Office of Payroll & Benefits at extension 2884.



Voluntary Furlough Request Form

Employee: _____ Job Title: _____

Unit/Department: _____ Supervisor's Name: _____

Reason for Furlough Request: _____

<input type="checkbox"/> Consecutive whole furlough days (List dates below)	<input type="checkbox"/> Partial Furlough dates and hours (Please list dates and specific hours per day, minimum 1 hour furlough per day)
Start date: _____ End date: _____	
Total days requested: _____	
<input type="checkbox"/> Intermittent Furlough whole days (Please list days)	

Total days requested: _____	Total hours requested: _____

Employee Certification: I have read, understand and agree to the terms and conditions of the Voluntary Furlough Program. I will provide to the Office of Payroll & Benefits the employee share of the health, prescription drug and/or dental premiums 10 days prior to the start of the furlough, if applicable.

Signature: _____ Date: _____

Supervisor: Furlough Approved
 Furlough Disapproved (reason) _____

Signature: _____ Date: _____

Division Vice President: Furlough Approved
 Furlough Disapproved (reason) _____

Signature: _____ Date: _____

Office of Payroll & Benefits: Furlough Approved
 Furlough Disapproved (reason) _____

Signature: _____ Date: _____

Copies: Employee Supervisor Division Vice President Budget Payroll Benefits Timekeeper (Facilities only) File