



Oregon

Theodore R. Kulongoski, Governor

Employee Furlough Election Form September 2009 to June 30, 2011

Employee Name: [REDACTED]	Employee ID # OR [REDACTED]	Agency # [REDACTED]	Repr. Code: [REDACTED]
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TIER IDENTIFICATION: Due to budgetary shortfalls, I understand cost reduction measures will be taken from September 1, 2009, through June 30, 2011. The furlough day(s) which I will take during this period of time correspond to my base salary rate, which falls into the following tier.

FIXED CLOSURES: <input type="checkbox"/> Tier 1 – Salary Rate \$2450 & below (10 days total – mandatory office closures) Skip remainder of form and sign below <input type="checkbox"/> Tier 2 – Salary Rate \$2451 - \$3100 (12 days total – 10 mandatory office closures & 2 floating days) <input type="checkbox"/> Tier 3 – Salary Rate \$3101 & above (14 days total – 10 mandatory office closures & 4 floating days)	OFFICE CLOSURE DATES: <ul style="list-style-type: none"> • Friday, October 16, 2009 • Friday, November 27, 2009 • Friday, March 19, 2010 • Friday, April 16, 2010 • Friday, June 18, 2010 • Friday, August 20, 2010 • Friday September 17, 2010 • Friday, November 26, 2010 • Friday, March 18, 2011 • Friday, May 20, 2011 	NON-FIXED CLOSURES: <input type="checkbox"/> Tier 1 – Salary Rate \$2450 & below (10 days* total – 10 floating days) <input type="checkbox"/> Tier 2 – Salary Rate \$2451 - \$3100 (12 days* total – 12 floating days) <input type="checkbox"/> Tier 3 – Salary Rate \$3101 & above (14 days* total – 14 floating days) *Day generally means 8 hours
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ELECTION: I request to take the following floating furlough days in each of the following quarters. Specify month and day only. **Do not include mandatory office closure dates.** Management may choose to approve elections on a quarterly basis, unless precluded by collective bargaining agreement.

September 2009 [REDACTED]; [REDACTED]	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Manager Initials and Date	July 2010 to September 2010 [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Manager Initials and Date
October 2009 to December 2009 [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Manager Initials and Date	October 2010 to December 2010 [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Manager Initials and Date
January 2010 to March 2010 [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Manager Initials and Date	January 2011 to March 2011 [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Manager Initials and Date
April 2010 to June 2010 [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Manager Initials and Date	April 2011 to June 2011 [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Manager Initials and Date

ACKNOWLEDGEMENT:
During the week(s) I take my approved furlough day(s), I understand:

- I will not perform any work on my furlough day unless specifically authorized by management; if unapproved, time worked may result in disciplinary action. Time worked includes but is not limited to checking email or voicemail via any device.
- In addition, if I am an FLSA Exempt employee my FLSA status will be recognized as Non-Exempt rather than Exempt.
- I will follow any additional conditions outlined in policy or collective bargaining agreements.

If I separate from state service during this period of time, I understand that I will not be paid for furlough days taken. I also understand that if I change positions within the agency or into another agency resulting in a move to a new furlough tier, I will assume the responsibility of that action, which may include additional furlough(s). *I will code my timesheet, as needed, using the payroll code "LA."* I authorize my agency payroll office to deduct my salary for the days I have requested furlough leave.

Employee Signature: [REDACTED]	Date: [REDACTED]
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cc: Employee
Employee Personnel File
Agency Payroll Office