



Human Resources

VOLUNTARY FURLOUGH: LETTER OF AGREEMENT

Employee Name _____

USC ID _____

Requested dates of furlough _____ to _____

Total number of requested hours _____

Total number of requested days _____

I understand the following program requirements:

- I will not be eligible to receive a salary during a furlough;
- Furlough days cannot exceed ninety (90) calendar days per fiscal year;
- I am responsible for benefits deductions which require only employee contributions, including during pay cycles when I receive no salary payments;
- I am using voluntary furlough days in place of paid leave (e.g., Annual Leave, Sick Leave);
- I am responsible for entering my furlough days into iTAMS in whole day increments;
- I am not allowed to perform any work when on voluntary furlough;
- FLSA Exempt employees must take 5 consecutive workdays in the FLSA workweek;
- Placement of an employee on voluntary furlough is not grievable or appealable under the State Employee Grievance Act.

Employee Signature

Department Signature

Date

Date