

Fiscal Year 2024-25  
**VOLUNTARY FURLOUGH AGREEMENT**

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PRINT YOUR NAME

The county permits employees to participate in a voluntary unpaid furlough program and I am seeking to participate in the furlough agreement under the following terms:

1. My decision to enter into this program is entirely voluntary and I understand that it requires the approval of the appointing authority.
2. The voluntary furlough period covered by this agreement is the 26 pay periods paid in fiscal year 2024-25; namely, July 1, 2024, through June 30, 2025.
3. I understand that the voluntary furlough program is being offered because of budgetary constraints and that once I elect to enter the voluntary furlough program I must remain in that status until the end of the agreement.
4. I have carefully reviewed the attached furlough calendar (Exhibit A) for the July 1, 2024 – June 30, 2025 period, and I am asking that I be permitted to take an unpaid furlough for the days or hours that I have designated on that form.
5. I understand that if my requested furlough time is in the form of a block of time that encompasses a full pay period, or more, that I must contact the county's payroll office so that they may calculate how much benefit time must be incorporated into my time card to cover any regularly scheduled deductions.
6. I understand that I may request a review of my voluntary furlough status if I am demoted in position because of budget cuts.
7. I understand that if I am promoted into a different position the Department will review my furlough and, depending upon staffing and financial considerations, may elect to terminate or continue my furlough depending on the best interests of the Department.
8. If the county elects to reduce employee hours or implement an involuntary furlough, I understand that I will be permitted to exchange my voluntary furlough hours for any mandatory reduction in hours imposed by the county on an hour-for-hour basis if that reduction occurs during the period I have requested a furlough.
9. I understand that even if my furlough is approved, it may be amended or cancelled at any time during this agreement if it is determined by the appointing authority to be in the best interests of the Department.
10. I understand that credits toward sick leave, vacation, and holiday eligibility will accrue as if I were in a paid status.
11. I understand that furlough time shall count toward time in service for step advancement, completion of probation, and seniority for purposes of layoff.
12. I understand that if my employment status changes during the course of this agreement and I am placed on some other type of leave without pay then my furlough will be suspended or terminated at the discretion of the appointing authority.

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**Department Head Signature**

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**Date**

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**County Admin. Officer Approval**

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**Date**

Attached: Furlough Calendar