



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

## SECTION 1: FOR COMPLETION BY THE EMPLOYEE

Employee Name: \_\_\_\_\_  
Campus/Division/Department: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Employee ID: \_\_\_\_\_  
Bargaining Unit: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_

## SECTION 2: ENROLLMENT

I request to enroll in the Voluntary Furlough Program under the following options:

☐ **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 \_\_\_\_\_

☐ **Option 2: Block of time off. Preferably an entire pay period.**

Specify the block of time to be off: \_\_\_\_\_

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

- I understand that my participation in the program is completely voluntary and that I am not required to participate, and I have not been subjected to any influence or pressure to do so.
- I agree to participate with the understanding that 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.
- I understand 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## SECTION 3: MANAGEMENT APPROVAL – Direct Supervisor AND Second Level Management Approval Required

Employee's request has been reviewed

①

☐ Request denied. ☐ Request approved.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

②

☐ Request denied. ☐ Request approved.

\_\_\_\_\_  
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).