

Fiscal Year 2010 (July 1, 2009 – June 30, 2010)

Please Print. All fields must be complete. Illegible or incomplete applications will not be processed.

Name: _____ UNM ID: _____

College/Division: _____ Department: _____

Job Title: _____ Phone Number: _____

Manager: _____ Manager Phone Number: _____

Check the Campus Location:

- Main Campus
- Health Sciences Center
- Branch Campus: _____

Check the Position Funding:

- Non-Restricted Funding
- Partial-Restricted Funding
- 100% Restricted Funding (STOP-Not Eligible)

Check the FLSA Exemption Status:

- Exempt (Salaried)
- Non-Exempt (Hourly)

Check the Employment Classification:

- Faculty
- Staff

I wish to Voluntarily Request a Furlough from work, without pay, from _____ to _____
Date Date

Total Number of Business Days Volunteered*: _____

*The request must be in whole, consecutive day increments and the maximum per request is 15 business days for Exempt Employees and 5 business days for Non-Exempt Employees.

Is this your first Voluntary Furlough request? Yes No

This request for consideration to participate in the UNM Voluntary Furlough Program is my individual choice and is my personal contribution to UNM. I understand that my manager, and any other level(s) of approval identified by my College, School, Branch, or Administrative Unit, will review this request and my proposed schedule of voluntary furlough days to determine approval. I further understand that Human Resources will need to validate this agreement before it goes into effect. Disapproval at any of these levels is final. If my request is approved, I realize that my pay will be reduced in conjunction with my voluntary furlough days. I understand that I can neither perform work related activity for this job during my voluntary furlough period nor can I work additional hours for this job during the pay period in which I am on voluntary furlough. These restrictions are an essential and material requirement.

Taking a voluntary furlough will reduce my annual income in the year in which it is taken. This will impact my retirement benefit calculation if the year of the voluntary furlough is used in my high five average. Information on participation in the Voluntary Furlough Program may be subject to the Inspection of Public Records Act (IPRA), and UNM cannot guarantee that my participation will be anonymous. I have read, understand, and agree to the conditions set forth in the document entitled "University of New Mexico Voluntary Furlough Program". I understand that my manager or I may withdraw my participation in this program upon reasonable advance notice or in an unforeseen emergency.

Employee Signature: _____ Date: _____

Manager use only:

Managers should review and understand the conditions set forth in the document entitled "University of New Mexico Voluntary Furlough Program". This request should be evaluated on an individual basis and every consideration should be given to approve the request. However, it is understood that the program may not be appropriate to all areas of the University. Reasons for denial of participation may include, but are not limited to, cases where the employee's absence would:

- Require back-fill, replacement, or overtime to be paid to other employees in order to facilitate the leave of absence.
- Cause a disruption in the conduct of academic courses being delivered to students.
- Result in a loss of revenue to the University.
- Result in critical services not being delivered, as determined by the employee's management.
- Cause undue hardship on an area with limited staffing, as determined by the employee's management.
- Be detrimental to the operation of their particular area of responsibility, as determined by the employee's management.

I further understand the financial savings resulting from this action will be moved to an institutional campus index.

Do you approve the employee's Voluntary Furlough Request, subject to validation by Human Resources?

- Yes
- No - Reason: _____

Manager Signature: _____ Date: _____
Other (if required): _____ Date: _____
Other (if required): _____ Date: _____

Instruction to manager: Obtain any other approvals deemed necessary by your College/School/Branch/Administrative Unit and forward this document to the appropriate employment area (Faculty Contracts or Human Resources)

Employment Area /Payroll Use Only:

Verified: _____ Forwarded to: _____ Entered: _____

Notes: _____