



City of Riverside, California
Human Resources Policy and Procedure Manual

Approved:


Human Resources Director


City Manager

Number: V-7 Effective Date: 12/14

SUBJECT: **FURLOUGH POLICY (VOLUNTARY/UNPAID)**

PURPOSE:

To provide for a uniform policy for all City employees in the granting and taking of voluntary furloughs.

POLICY:

In the event that the City Manager determines that cost savings measures should be taken, which includes the reduction of personnel costs, the City may implement a "Voluntary Furlough Without Pay Plan." Furlough leave may be taken consecutively or incrementally. The following policies shall apply to the "Voluntary Furlough Without Pay Plan":

- 1) No form of salary compensation may be taken (i.e., vacation, compensatory Time, administrative leave). Holidays shall be paid as usual.
- 2) The City shall continue to pay the City's portion of all existing benefits (i.e., Health & Dental-City portion, Deferred Compensation-City portion, Life Insurance-City portion). The City will continue to make pro-rata CalPERS contributions (Employer and Employee) on behalf of the employee as long as there are reportable earnings. Based on CalPERS rules, employees will earn one (1) year of service credit for every ten (10) months worked in a fiscal year on a full-time basis (1,720 hours).
- 3) All deductions previously paid by the employee shall continue to be taken out of the employee's check when a check has been issued with sufficient funds. In other cases, it shall be the employee's responsibility to make arrangement to pay their portion of benefits or other payroll deductions. This includes, but is not limited to, health, dental and Long Term Disability (LTD) insurance premiums, deferred compensation, credit union, bonds, union dues, court ordered payments.
- 4) There shall be no loss of seniority with the City, department, or with the position. There is no break in service.
- 5) All benefits shall accrue as if the employee were working (i.e., vacation, sick leave).

- 6) Employees must request the furlough through their supervisor using the appropriate form. The requested furlough days must be approved by the department head. The department head may accept or reject a request for furlough after considering the employee's position, seniority and the needs of the department.
- 7) An employee may take up to three (3) months of voluntary furlough at any one time. Furloughs in excess of 30 calendar days must be approved by the City Manager.
- 8) Fair Labor Standards Act (FLSA) exempt employees will lose their FLSA exemption status during the week(s) in which the furlough occurs and pay is reduced. These employees must adjust their workweek to avoid overtime compensation.
- 9) Employees with accrued vacation in excess of the maximum time allowed or with compensatory time in excess of 42 hours may not participate in this plan until they are in compliance with the maximum hours allowed.
- 10) Taking unpaid furlough should not result in the need for any other employee to work overtime.

Attachment:

1. Voluntary Furlough Form

**VOLUNTARY FURLOUGH
Reduction in Work Hours Without Pay**

The City Manager has initiated a Voluntary Furlough Program. Attached is a copy of the Personnel Policy and Procedure Manual section dealing with furloughs. If you wish to participate, please indicate how many days you wish to be on unpaid furlough and your first and second choices of dates.

NAME: _____

TITLE: _____

SALARY: _____

DAYS: _____

DATE(S)/1ST: _____

DATE(S)/2ND: _____

HAVE YOU ACCUMULATED IN EXCESS OF 42 HOURS OF UNUSED COMP. TIME?

___ YES ___ NO

WILL YOUR ACCRUED VACATION TIME EXCEED THAT ALLOWED FOR TWO YEARS ON 12/31 OF THIS YEAR?

___ YES ___ NO

I have read and understood the policy for voluntary furlough and I make this request on my own free will. I also understand that any benefit or payroll deduction that is in effect at the time of the furlough will be deducted from my check (if any) or I will make arrangements with Payroll and Personnel to make those payments.

Employee's Signature _____ **Date:** _____

SUPERVISOR'S COMMENTS & RECOMMENDATION:

Supervisor's Signature _____ **Date:** _____

Department Head: Accept ___ Reject ___

Signature _____ **Date:** _____

City Manager: Accept ___ Reject ___
(Only for furlough in excess of 30 calendar days)

Signature _____ **Date:** _____