



William Paterson University Voluntary Furlough Program Guidelines

The Voluntary Furlough program provides eligible full time employees with the opportunity to take unpaid leave time while maintaining seniority and benefits. (Some restrictions may apply)

- Employees may request a thirty (30) day furlough per calendar year. Furlough may not be used for sick leave, leave without pay due to disability or to seek or engage in alternate employment.
- Following the initial thirty (30) day furlough period, employees may request six 10 day extensions. Furlough extension may be used for educational or family care reasons only.
- The maximum furlough days an employee may take in any calendar year is ninety (90) days.
- For the first thirty (30) days of furlough, the employee retains benefits as if in pay status. (Please refer to the Frequently Asked Questions for possible exceptions on earning of pension service credit.) During the six 10 day extensions following the initial thirty (30) day furlough period, accrued leave time, anniversary dates and seniority will remain as if the employee were in pay status.

Employees who take any furlough extensions are required to pay the full cost (employee and employer share) of their health benefits coverage at least ten (10) days prior to the start of the furlough.

- Requests may be submitted for shorter work days, intermittent days off, or single or consecutive days off each calendar year.
- Exclusions may apply for employees in grant-funded positions or for reasons of institutional or programmatic need.

Applicants must submit a "Voluntary Furlough Request" at least twenty (20) days prior to the start of the furlough. Requests must be approved by the supervisor/manager and forwarded to the Division Vice President. The completed and signed form should then be forwarded to the Office of Payroll & Benefits for final review.

You may not take any voluntary furlough time unless you receive an approved copy of the form from the Office of Payroll and Employee Benefits.

If you have any questions about the Voluntary Furlough Program, please email payroll@wpunj.edu.



Voluntary Furlough Request Form

Employee: _____ Job Title: _____

Unit/Department: _____ Supervisor's Name: _____

- ☐ Initial Request, 30 days maximum per calendar year
- ☐ Extension, six 10 day extensions maximum per calendar year

Reason for Furlough Request: _____

<input type="checkbox"/> <i>Consecutive whole furlough days (List dates below)</i>	<input type="checkbox"/> <i>Partial Furlough dates and hours (Please list dates and specific hours per day, minimum 1 hour furlough per day)</i>
Start date: _____ End date: _____	
Total days requested: _____	
<input type="checkbox"/> <i>Intermittent Furlough whole days (Please list days)</i>	

Total days requested: _____	Total hours requested: _____

Employee Certification: I have read, understand and agree to the terms and conditions of the Voluntary Furlough Program. For furlough extension, upon approval, I will provide to the Office of Payroll & Benefits the full payment for the health, prescription drug and/or dental premiums 10 days prior to the start of the furlough extension.

Signature: _____ Date: _____

Supervisor: ☐ Furlough Approved
☐ Furlough Disapproved (reason) _____

Signature: _____ Date: _____

Division Vice President: ☐ Furlough Approved
☐ Furlough Disapproved (reason) _____

Signature: _____ Date: _____

Office of Payroll & Benefits: ☐ Furlough Approved
☐ Furlough Disapproved (reason) _____

Signature: _____ Date: _____