



Voluntary Unpaid Leave Days Form District Management Employee January 1, 2010 – June 30, 2010

Employee Name: _____

Location: _____

Colleague ID: _____

I understand that the following conditions apply to **Voluntary Unpaid Leave Days**:

1. Voluntary Unpaid Leave Days and related salary reductions will begin January 1, 2010, and terminate June 30, 2010; and is subject to supervisor approval.
2. There will be no impact on my benefits, leave credits, or service credit.
3. Voluntary Unpaid Leave Days shall not be included in the calculation towards the cap for vacation or annual leave balances.
4. Voluntary Unpaid Leave Days will be coordinated with CSEA furlough days. In the event that CSEA does not approve furlough days, managers will be allowed to utilize Voluntary Unpaid Leave Days as approved by their direct supervisor and the Chancellor's Executive Staff.
5. My salary will be reduced by my calculated daily rate equivalent to the number of days I have volunteered for. Reductions will be taken monthly at a rate of 1 day per month until agreed to days have been deducted.

If you choose to participate in Voluntary Unpaid Leave Days, check the box to the left, and indicate below which level of participation you agree to; and that you have read, understand, and accept the Voluntary Unpaid Leave Days conditions described above.

8 Days	7 Days	6 Days	Other _____
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Additional conditions:

1. Request to cancel participation will only be granted in cases of a financial hardship and must be approved by the Vice Chancellor Administrative Services.

You may not cancel this agreement. Once this agreement is signed and entered into, it may not be revoked.

Employee Signature: _____ Date: _____

APPROVALS:

Supervisor Signature: _____ Date: _____

CHEX Member Signature: _____ Date: _____

Forward original approved agreement to Human Resources no later than November 16, 2009.

For Human Resources Office Use:

Effective Date: _____ End Date: _____

Personnel Analyst: _____ Date: _____