

COUNTY OF DUTCHESS – MANAGEMENT/CONFIDENTIAL WAIVER

In accordance with the [Date] County of Dutchess Amendment to the Non-Union Benefit Plan to reduce current staffing on a temporary basis due to lack of work for a period which will begin as early as _____, 2020 through as late as _____, 2020, I knowingly and freely waive my rights to my seniority status for layoff purposes solely for the purpose of this temporary workforce reduction during the COVID-19 pandemic as outlined in the aforementioned Memorandum of Understanding. I understand this includes waiving layoff rights under Civil Service Law and will result in no credits reported to the New York State Retirement System during this layoff. I have been provided a copy of the Amendment to the Non-Union Benefit Plan and acknowledge that I have read the full terms applicable and the following limited terms are highlighted:

- I will be treated as an unpaid leave of absence during the period. No payroll deductions will be processed, and I will be responsible for contacting all parties for payment arrangements as may be applicable.
- I may continue my current group health insurance benefits by paying my normal bi-weekly deduction of the premium with a timeline provided by the Department of Human Resources.
- Accrued time will remain on the books for my return following the temporary layoff. I will not continue to earn all accruals while I am out on temporary layoff.
- Longevity will be given upon my return to work, or at the time of any permanent separation, if I was due to receive one while I was out on temporary layoff.
- No contributions will be made on my behalf to the New York State Employees' Retirement System (NYSERS) such that no service credit will be earned during the period of temporary layoff.
- County of Dutchess will process temporary layoffs as necessary for each Department and the County.
- I may be recalled to work at any time by the County during this period with five (5) day notice issued by phone call and by certified or registered mail. I understand I must keep my contact information (phone number, e-mail and mailing address) updated with the Department of Human Resources at all times.

Employee Name:	Job Title:
Department:	____ Full Time ____ Part Time (check one)
Personal E-Mail:	Phone Number:
I have been provided a copy of the Temporary Addendum to Non-Union Benefit Plan and understand the rights that I am waiving the terms therein, and this only applies to the temporary layoff period.	
Please return completed form to your Department Head no later than the Wednesday preceding the effective date.	
Employee Signature:	Date:
Department Head _____ Approved _____ Denied	
Department Head Comments - Please state your observations as to the appropriateness of the employee's voluntary furlough request:	
Department Head Signature:	Date:
Human Resources/County Executive's Office: _____ Approved _____ Denied	
Human Resources/County Executive's Office Signature	Date:
Copy of processed form to be returned to employee by the Department of Human Resources.	