



Memorandum of Agreement

Application for 9-10 Month Employee Option Voluntary Furlough

Print Name: _____ (“Employee”), pursuant to Section IV. 9-10 Month Employee Option of the 2018-1019 Rogers State University Financial Response Plan (“Plan”), makes this request, subject to appropriate approval, to convert from a 12-month position to a ____ 9-month or ____ 10-month position. (Check applicable.)

- Employee acknowledges that they have read the Plan and understand all aspects of how pay, benefits, annual/sick/vacation, holiday pay, FMLA and retirement will be impacted by this voluntary decision (see Section IV of the Plan) and all other terms of the Plan.
- Employee understands that this status is only available to non-faculty, full-time staff whose work closely mirrors the academic calendar or can be easily adjusted to better align with the school year. (See Section IV, paragraph 2 of the Plan.)
- Employee understands that this Application must be submitted for approval prior to June 1, to be considered.
- Employee understands that according to University needs, the Department may convert this position back to a 12-month position, subject to the Plan guidelines (See Section IV, paragraph 4.)

EMPLOYEE Signature

Date

APPROVALS

Department Head/Supervisor **Date**

Vice President **Date**

Dean or Division Head **Date**

President **Date**

Received by HR: _____ *Date:* _____