

Board of Examiners Request for Furlough Exemption

All exemptions within the Executive Branch to the furlough policy as outlined in AB 3, approved by the 31st (2020) Special Session, must be approved by the Board of Examiners. **This includes seasonal, intermittent, part-time and full-time positions, regardless of the funding source.**

The Board of Examiners Request for Furlough Exemption forms must be completed and submitted to your assigned budget analyst in the Governor's Finance Office for submittal to the Board of Examiners by the agency deadline for the applicable monthly meeting. Each request should thoroughly describe the impact on public health, safety, or welfare. Below is a description of the information required in each section:

Header:

The header consists of the agency name, budget account and information regarding the requested position(s). Agencies must fill out a form for each class code and may group positions on a request as long as all the information on the form applies to all the positions. Position control numbers (PCN) must be supplied with the request. Multiple PCNs may be included for a class code and if needed, agencies can attach a list of affected PCNs.

Reason for Request & Consequences:

Provide the reason for the exemption and the potential impact of not approving the exemption.

Public Health, Safety or Welfare:

For positions to receive a BOE exemption they must meet all the criteria set forth in AB 3, section 131.4 and **agencies must provide the reason they meet all the criteria.** A memo answering the three questions below must accompany the BOE Request for Furlough Exemption form. If positions within the class code referenced to on the form work in different units, a response to each of the questions below is required for each unit. For example, an agency may have a class code that works in three different units: One unit reviews monetary requirements, another unit examines claims and a third unit investigates fraud.

1. How would furloughing positions in this class impact public health, safety or welfare? Agencies must indicate on the form which one applies by checking the applicable box;
2. How will the public health, safety or welfare be significantly diminished if mandatory furlough leave is implemented for employees in these positions?
3. Why do no alternatives exist to provide for the protection of public health, safety or welfare?

Effective and Expiration Date:

Indicate the start and end date for the BOE exemption request.

Employee Awareness of 4.6% Salary Reduction: Attach documentation indicating the employee in the requested position(s) is aware that if the exemption is approved their salary will be reduced 4.6% during the period indicated above. A template letter for employee notification can be found on the Department of Administration, Division of Human Resource Management's [website](#).

Funding Source:

Provide the percentage of funding source for the position(s).

Agency Director Approval:

All requests must be approved by the agency's director before being submitted to the Governor's Finance Office.

**BOARD OF EXAMINERS
REQUEST FOR FURLOUGH EXCEPTION**

Agency Name: _____	Class Code # _____																		
Budget Account # _____	Grade Level: _____																		
Position Control # _____																			
Class Title: _____																			
Location of Position: _____																			
Name of Position Supervisor: _____	Telephone Number: _____																		
Briefly describe the main purpose of this position: 																			
Reason for exception and consequences if exception is not approved: 																			
Is this position critical per AB3: Public Health: <input type="checkbox"/> Yes <input type="checkbox"/> No Public Safety: <input type="checkbox"/> Yes <input type="checkbox"/> No Public Welfare: <input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide the reason position(s) meets exception criteria: 																		
Effective and Expiration Date: _____																			
Is the employee in the requested position aware their salary will be reduced by 4.6% if the exception is approved? 																			
What is the position funding source? 																			
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 70%;">General Fund:</td><td style="width: 15%;"></td><td style="width: 15%;">%</td></tr><tr><td>Highway Fund:</td><td></td><td>%</td></tr><tr><td>Federal Funds:</td><td></td><td>%</td></tr></table>	General Fund:		%	Highway Fund:		%	Federal Funds:		%	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 70%;">Fees:</td><td style="width: 15%;"></td><td style="width: 15%;">%</td></tr><tr><td>Other Funding:</td><td></td><td>%</td></tr><tr><td>Other Funding:</td><td></td><td>%</td></tr></table>	Fees:		%	Other Funding:		%	Other Funding:		%
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Federal Funds:		%																	
Fees:		%																	
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AGENCY DIRECTOR APPROVAL:

_____	_____	_____
Agency Director	Title	Date

BOE APPROVAL:

Approved Exemption **Not Approved for Exemption**

_____	_____
Board of Examiners Approval	Date