In response to the economic toll the COVID-19 pandemic has taken, Columbia University is offering certain employees the option to take a full or partial unpaid furlough. During a voluntary furlough, the individual remains employed by the University but does not perform any work or receive a wage or salary. Voluntary furloughs must end no later than December 31, 2020.

For additional information regarding eligibility and requirements, please refer to the Voluntary Furlough Policy.

Eligibility:
- Officers of Administration
- Non-Union Support Staff

Union-represented employees, essential onsite workers, and employees with current or upcoming critical projects are not eligible to apply.

Process Steps:
1. Complete the application below.
2. Submit to your supervisor for approval.
3. Once approved, submit to your local HR.
4. Once your department and CUHR have approved your request, your department will confirm the approval and dates of the furlough.

Section I – Personal Information:

Today’s Date: Enter today’s date. Name: Enter first and last name. UNI: Enter your uni.

Position Title: Click here to Enter your title. Date of Hire: Choose an item.

Position Type: Choose an item. School/Department: Enter Department/School.

Section II – Furlough request details:

A full voluntary furlough may be taken for no less than one month but may be taken for up to three months. A partial voluntary furlough may be taken in 20% increments.

1. Please select the amount of time you are requesting: Choose a percentage.

2. Estimated Furlough start date: Click or tap to enter a date. Estimated end date: Click or tap to enter a date.

3. Do you wish to apply already-earned vacation or personal days to the furlough? Yes No

4. If yes, please enter the type and number of days:

   Vacation: No. of vacation days. Personal: No. of personal days.

Once approved by the school/department, the HR manager should forward the application to CUHR at CUHR@columbia.edu.
By signing this form, I confirm that I understand the terms of the furlough and that I am responsible for paying my portion of the healthcare payroll deduction.

______________________________  __________________________
Employee                          Date

Section III – Approval:

Length of furlough approved: Enter the type and percentage.

______________________________  __________________________  __________________
Supervisor                       Title                          Date

______________________________  __________________________  __________________
SBO/ Department HR               Title                          Date

______________________________  __________________________  __________________
CUHR                             Title                          Date