



SUBMIT TO: Ohio University, Human Resources Department
Attention: Employee Service Center
Grosvenor Hall 113, 1 Ohio University
Athens, OH 45701

Part I: Employee Section

Employee Name: _____ Employee ID: _____ Contact Phone: _____

Email Address: _____ Department: _____

ENROLLMENT

Voluntary Salary Reduction

I request to enroll in the FY21 (7/1/20 - 6/30/21) Voluntary Furlough- Salary Reduction Plan under the following option:

Option 1 - I would like to request that my base salary be reduced by the following percent for FY21:

Percent of Pay Reduction:

Option 2 - I would like to request that my base salary be reduced by the following dollar amount for FY21:

Dollar Amount of Pay Reduction:

Voluntary Salary Reduction Acknowledgements:

- I understand that the voluntary salary reduction is irrevocable and will be in place for the entire fiscal year.
- Any voluntary salary reduction elected will be in addition to any furlough leave plan reduction required under Interim Policy 41.106.
- A mid-year voluntary salary reduction request will be implemented starting with the next scheduled payroll after submission and approval of the request.
- Voluntary salary reductions cannot be implemented retroactively
- FTE level will not be impacted by a voluntary salary reduction.
- Benefits and premiums that are based on earnings, including but not limited to short and long term disability benefits, life insurance benefits, and health care premiums, will be impacted by the salary reduction. For example, the short-term disability benefit of 60% of salary will be based on the voluntarily reduced salary.
- Retirement contributions are based on a percent of pay and will be based on the voluntarily reduced salary.
- STRS and OPERS retirement benefits (such as those based on final average salary calculations) may be impacted by the voluntarily reduced salary, per STRS and OPERS rules.
- Voluntary salary reductions should not impact eligibility for any benefit.
- In any instance discrepancy between this information and STRS rules, OPERS rules, or insurance company plan documents, or university policy, the STRS, OPERS, and Insurance company rules, and university policy apply and take precedent.

I affirm that I have read, understand, and agree to the terms of the program as stated above and in accordance with [Policy 41.016](#) (Employee Furloughs).

Employee Signature

_____ Date

Planning Unit Head Signature

_____ Date

Part 2: For Completion by University Human Resources

Current Base Salary :

New Base Salary:

Effective Start Date:

Effective End Date:

Reviewed By:

Date: