

LOCATION: _____

TO: _____
STAFF MEMBER'S NAME

DATE of NOTICE: _____

FROM: _____
SUPERVISOR | PROGRAM, OFFICE

RE: **Change of Employment Status**

This is to acknowledge that due to the global effect of the COVID-19 Health Pandemic, effective immediately your employment status will change as follows: *[Note CHECKED section]*

Partial Furlough | Reduced Hours

Maintains Employment Status, with restricted work hours and/or reduced pay

NEW SCHEDULED HOURS per WEEK: _____

REDUCED SALARY % _____

Remains on *Health Benefits thru at least June 30th, or until other status change/termination

Remains on *Voluntary Benefits thru at least June 30th, or until other status change/termination

Temporary Change of Policy due to Partial Furlough: No Accrual of Earned Leave Time

May take available accrued time to supplement paycheck

May be eligible for Pandemic Unemployment Insurance Assistance Program [CARES Act]

You may file a claim at www.louisianaworks.net/hire or by calling the Claim Center at **866-783-5567**

Full Furlough | No Work Available

Maintains Employment Status, NO HOURS available | No Salary

Remains on *Health Benefits thru at least June 30th, or until other status change/termination

Remains on *Voluntary Benefits thru at least June 30th, or until other status change/termination

Per Policy, No Accrual of Earned Leave Time

May draw down accrued vacation leave until depleted

May be eligible for Pandemic Unemployment Insurance Assistance Program [CARES Act]

You may file a claim at www.louisianaworks.net/hire or by calling the Claim Center at **866-783-5567**

Salary Reduction | Staff Member with Work Available, Regular Schedule

Actively Employed, No restrictions | Regular Work Schedule, *[including Remote work]*

Out of a sense of Social Justice, temporary salary reduction of _____% until Crisis abates

Remains on all currently enrolled Benefits Plans

Per Policy, Continues Earned Leave Time accruals as normal

Layoff / Reduction in Force

Termination of Employment: _____ *(Date of Separation)*

Payout of any *unused accrued vacation* time on final check

Benefits conclude at 11.59 pm, final day of the month of separation

May be eligible for Pandemic Unemployment Insurance Assistance Program [CARES Act]

You may file a claim at www.louisianaworks.net/hire or by calling the Claim Center at **866-783-5567**

May be eligible to Elect Continuation of **HEALTH Coverage only via Gallagher Benefits Services

*(**Unless already Medicare eligible or on coverages for less than 3 months)*

[Click HERE for Continuation of Coverage Process and Election Form](#)

Effective date of change: This adjustment is effective on:

• Pay-Period Beginning: _____

Pay Date: _____

Acknowledgement / Supervisor's Staff member's signature

Signed: _____
Pastor / Principal / Program Director

Date Staff Member Notified: _____
Initialed by Supervisor

NOTE: *Fully and/or Partially Furloughed Staff are still responsible for payment of their portion of Health/Voluntary Benefits by 1st of month, or within 30 day grace period; please contact your Payroll Staffmember or Business Office for instructions on payment.

> Supervisors: Please provide a COPY to your Staff Member with signatures. Signed ORIGINAL will reside in the Staff member's Employment File.