

2020 Furlough Request

Dear Employee,

Due to the economic impact of COVID-19, CHI Franciscan is implementing measures to ensure the financial stability of the company. The current pandemic situation has impacted our business significantly, and as a result, we are providing the opportunity to request a voluntary temporary furlough.

A furloughed employee may use paid time (PTO), or Annual Leave, or seek unpaid time and seek unemployment benefit insurance through the Washington State Employment Security Department. Specific benefit insurance questions and unemployment insurance application can be found at https://esd.wa.gov/newsroom/covid-19. CommonSpirit Health (CSH) will maintain your full monthly premiums for essential health and welfare benefits at your current enrollment status through June 30, 2020.

Directions: Complete the form below, and submit the request to your manager no later than [Date:].					
Printed Name:			Employee #		
Employer: FMG□ FS	S □ Harrison□ Highline□ :	St Anthony□ St. Cla	re□ St. Elizabeth □	St. Frances□ St. Joseph [
Position:	Manager:		Department:		
I am accepting a furlou	gh for: 1 week \square 2 weeks	☐ 4 weeks ☐			
I wish to utilize PTO ac	cruals during the furlough: Y	es 🗆 No 🗆			
Personal contact inform	mation (telephone):	Perso	nal email contact:		
determining factor ass requests received, an e required standby, I wil standby obligation. I u the furlough period, I u	ill be made in accordance with uming skill and ability are consemployee's critical skills, and be not take standby during an understand my furlough may bunderstand that I will not be perfor furlough I may be recalled	sidered equal. Requousiness needs. I als inpaid furlough and e delayed if my presertorming any work	uests may be denie o understand if I w I will work with ma scheduled standby , including intermi	ed based upon the number ork in a department with anagement to reschedule cannot be reassigned. D	my uring
Signature:			Date:		
Manager Signature:			Date:		
Approval of Furlough:					
Furlough Start Date:	Furlo	ough End Date:		Return to work date:	
Manager Signature:			Date:		,
HR Signature			Date:		