

State Operated Community Program
SOCP Action Request Memo

Topic:	Furlough – Voluntary Pay Reduction, Letter of Agreement	Issue date:	02/01/2012
Union Contract:	DAS/SOCP and AFSCME Council 75 Local 1246 (Union)		
Action Requests (AR) - Action Requests are used to request action by a given deadline . They are time-sensitive and should be read and processed or assigned upon receipt.			

Applies to:
(check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> All employees includes: | <input type="checkbox"/> Prog. Managers | <input checked="" type="checkbox"/> Site Managers |
| <input checked="" type="checkbox"/> Nurses | <input checked="" type="checkbox"/> BVS1 & 2s | <input type="checkbox"/> Trainers |
| <input type="checkbox"/> Cent. Office staff | <input checked="" type="checkbox"/> Group home staff | <input type="checkbox"/> HR |
| <input type="checkbox"/> Other : | | <input type="checkbox"/> |

Implementation date: 02/01/2012

FROM: Lois DeLong, SOCP HR Director 
 Colleen Savage, AFSCME Council 75

SUBJECT: Letter of Agreement: Mandatory Unpaid Time Off Obligation
 Voluntary Pay Reduction effective February 01, 2012

All SOCP Group Homes are to post and distribute the attached "DAS/SOCP and AFSCME" Letter of Agreement and Form immediately.

SOCP employees may elect to reduce his/her base salary from February 1, 2012 through June 30, 2013 to fulfill and eliminate his/her total remaining furlough obligation. See attached for salary reduction details and form.

Form **must** be submitted to management by February 15th, 2012 for payroll processing.

Attachments:

- DAS/SOCP and AFSCME "Letter of Agreement"
- Employee Furlough SOCP Voluntary Pay Reduction - form

If you have questions about this information, contact:

Contact(s):	Robert T. Clabby	Lois DeLong
Phone:	(503) 385-7144	(503) 378-5952 ext. 238
Email:	Bob.Clabby@state.or.us	Lois.DeLong@state.or.us

1/20/2012 09:00 AM 0000101120 OREGON PERSONNEL SYSTEM 01/20/12

**LETTER OF AGREEMENT - MANDATORY UNPAID TIME OFF OBLIGATION -
VOLUNTARY PAY REDUCTION EFFECTIVE FEBRUARY 1, 2012**

This agreement is between the State of Oregon, acting through its Department of Administrative Services (Employer) on behalf of its State Operated Community Program and AFSCME Council 75 Local 1246 (Union).

This Letter of Agreement modifies the Letter of Agreement – Mandatory Unpaid Furlough Time Off in the 2011—2013 SOCP collective bargaining agreement.

REASONS for LETTER OF AGREEMENT

1. The SOCP operates 24 hours per day, 7 days per week, and needs adequate staffing.
2. Employees have expressed an interest in taking a lower level of pay in lieu of unpaid time off to meet their mandatory unpaid furlough time off obligation.

COMPONENTS of LETTER OF AGREEMENT

1. An employee may elect to reduce his/her base salary from February 1, 2012 through June 30, 2013 to fulfill and eliminate his/her total remaining furlough obligation. The salary reduction shall be as follows:
 - a. The employee must submit the appropriate voluntary pay reduction form to his/her supervisor for approval no later than the February 15, 2012.
 - b. The employee's voluntary pay reduction rate shall be determined as follows:
 - i. Full Obligation Remaining: An employee has a full furlough obligation remaining if he/she has not taken any unpaid furlough leave from July 1, 2011 to February 2012. For such employees, the following rates shall apply:
 1. Tier 1 (10 days) - two and seventy-one hundredths percent (2.71%).
 2. Tier 2 (12 days) - three and twenty-five hundredths percent (3.25%).
 3. Tier 3 (14 days) - three and seventy-nine hundredths percent (3.79%).
 - ii. Partial Obligation Remaining: An employee has a partial furlough obligation remaining if he/she took unpaid furlough leave on or after July 1, 2011. For such employees, the Agency shall calculate the employee's salary reduction based upon the employee's actual furlough obligation remaining to be reduced over the remaining biennium through June 30, 2013.
 - c. The employee's voluntary pay reduction is not revocable, once approved. The employee's furlough obligation shall be reduced to zero (0) for the remainder of the biennium. The agency will process the voluntary pay reduction with personnel action (PA) code 824.
2. This agreement is non-precedent setting.

For the Union:

Colleen Savage

Colleen Savage (AFSCME Council 75)

Date: 1-31-12

For the Employer:

Susie Hosie

Susie Hosie (DAS Labor Relations)

Date: 1-31-12

EMPLOYEE FURLOUGH SOCP VOLUNTARY PAY REDUCTION

Effective February 1, 2012

This form must be submitted to management by 2/15/12 for payroll processing.

Employee Name: _____

Employee ID #: _____

Agency #: _____

My full furlough obligation during the 2011-2013 biennium corresponds to my salary rate, identified below:

<input type="checkbox"/> Tier 1 – \$2450 & below (10 days/80 hours)	<input type="checkbox"/> Tier 2 – \$2451-\$3100 (12 days/96 hours)	<input type="checkbox"/> Tier 3 – \$3101 & above (14 days/112 hours)
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The hours above are based on a full-time work schedule. The number of hours of unpaid furlough time for less than full-time employees shall be prorated based on the employee's regularly scheduled hours within the applicable month.

I voluntarily elect to satisfy my **total** remaining floating furlough obligation through a voluntary salary reduction of:

- i. **Full Obligation Remaining:** *An employee has a full furlough obligation remaining if he/she has not taken any unpaid furlough leave from July 1, 2011 to February 2012. For such employees, the following rates shall apply:*
 1. Tier 1 (10 days) - two and seventy-one hundredths percent (2.71%).
 2. Tier 2 (12 days) - three and twenty-five hundredths percent (3.25%).
 3. Tier 3 (14 days) - three and seventy-nine hundredths percent (3.79%).
- ii. **Partial Obligation Remaining:** *An employee has a partial furlough obligation remaining if he/she took unpaid furlough leave on or after July 1, 2011. For such employees, the Agency shall calculate the employee's salary reduction based upon the employee's actual furlough obligation remaining to be reduced over the remaining biennium through June 30, 2013.*

ACKNOWLEDGEMENTS:

- This salary reduction is effective February 1, 2012 through June 30, 2013.
- I authorize my agency payroll office to deduct my salary for the hours I request as furlough leave.
- This voluntary pay reduction is not revocable, once approved. The employee's furlough obligation shall be reduced to zero (0) for the remainder of the biennium.
- The agency will process the voluntary pay reduction with personnel action (PA) code 824.

Employee Signature

Date

Supervisor Signature

Date

* Agencies are responsible for maintaining this original form in the employee's official personnel file.
CC: Employee; Supervisor; Employee Personnel File; Agency Payroll Office