

## **Board of Examiners Request for Furlough Exception**

All exceptions within the Executive Branch to the furlough policy as outlined in SB 433 approved by the 2009 Legislature must be approved by the Board of Examiners. **This includes seasonal, intermittent, part-time, and full-time positions, regardless of the funding source.**

*Board of Examiners Request for Furlough Exception* forms must be completed and submitted to your assigned budget analyst in the Budget Division for submittal to the Board of Examiners by the agency deadline for the applicable monthly meeting. Each request should thoroughly describe the impact on public health, safety or welfare. Below is a description of the information required in each section:

### **Header:**

The header consists of the agency name, budget account, and information regarding the requested position(s). **Agencies must fill out a form for each class code** and may group positions on a request as long as all the information on the form applies to all the positions. Position control numbers (PCN) must be supplied with the request. Multiple PCNs may be included for a class code and if needed, agencies can attach a list of affected PCNs. Indicate if the positions are exempt or non-exempt under the provisions of the Fair Labor Standards Act and the Nevada Revised Statutes.

### **Reason for Request & Consequences:**

Provide the reason for the exception and potential impact of not approving the exception.

### **Public health, safety or welfare:**

For positions to receive a BOE exception they must meet all the criteria set forth in SB 433, section 5 and **agencies must provide the reason they meet all the criteria.** A memo answering the four questions below must accompany the BOE Request for Exception form. If positions within the class code referenced on the form work in different units, a response to each of the questions below is required for each unit. For example, an agency may have a class code which work in three different units. One unit reviews monetary requirements, another unit examines claims, and a third unit investigates fraud.

1. How would furloughing positions in this classification impact public health, safety **or** welfare? **Agencies must indicate on the form which one applies by checking the applicable box;**
2. How will the public health, safety or welfare be significantly diminished if mandatory furlough leave is implemented for employees in these positions?
3. Why do no alternatives exist to provide for the protection of public health, safety or welfare?
4. If the agency is funded with non-general funds, how will the agency implement other methods to reduce overall costs equal to the savings produced by furlough leave under the program? If the agency is funded with general funds, will the agency require an allocation of funds as set forth in SB 433, section 8, or will the agency implement other methods to reduce overall costs? If implementing other methods, provide the agency's plan to reduce overall costs to equal the savings produced by furlough leave.

**Effective and Expiration Date:**

Indicate the start and end date for the BOE exemption request.

**Forecasted Cost of Exemption:** Provide the forecasted cost of the exemption, including supporting calculations.

**Funding Source:**

Provide the percentage of funding source for the position(s).

**Agency Director Approval:**

All requests must be approved by the agency's director before being submitted to the Budget Division.

