March 20, 2020

Name

Address

City, State, Zip Code

RE: Notice of Furlough

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Due to the economic impact of COVID-19 (coronavirus), Company 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 find that we must make some difficult personnel decisions.

Effective March 20, 2020, Company is implementing a temporary furlough of certain nonessential positions. This notice is to inform you that your position is included in this furlough and as such, you are being placed on a temporary, unpaid leave beginning today.

Furloughs are a company-initiated, temporary unpaid leave of absence. The furlough period and provisions may be changed or terminated at the discretion of the Company. It is important to note that your employment continues to be at-will and nothing in this notice or other furlough communications is intended as an express or implied contract. The length of the furlough is unknown at this time. We will do our best to provide current information as our organization is able to bring employees back to work.

During the furlough period, you will have the option of continuing your health insurance benefits with the normal employee contribution. Beginning April 1st, you will have the option of paying the monthly premiums at the beginning of each month either by check to the Company or by electing to defer payment from your future paychecks upon your return to work. We will be providing you with a form to review to indicate whether or not you intend to continue your health insurance benefits.

For salaried, exempt employees, we will continue to provide Life Insurance and Long-Term Disability Insurance.

During the furlough period, you may file for unemployment compensation. Please refer to your state’s guidelines for unemployment compensation regarding specific details and provisions surrounding application, eligibility, and collection of benefits. To assist you in applying for any eligible benefits, please reference the state in which you are employed at [**www.dol.gov**](http://www.dol.gov) or by calling 1-866-4-USA-DOL.

If you find alternate long-term employment during the furlough period you are required to immediately notify us by emailing or calling Contact. The Company will deem this to be a resignation and your employment will be terminated. If the Company is not able to return you to work by the end of the furlough period, your employment status will be considered a reduction in force.

We wish to thank you for your many contributions and look forward to bringing you back to the team and once again growing Company.

If I can offer any assistance, please feel free to contact me.

Sincerely,

HEALTH INSURANCE ELECTION FORM

Employee Name: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Select One Option:

 Pay employee contribution monthly [ ]

 Pay employee contributions upon return [ ]

 Cancel Health Insurance Benefits (Not Recommended) [ ]

 \*You may obtain insurance from [**www.healthcare.gov**](http://www.healthcare.gov)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you need to know your monthly payroll deduction amounts, please reach out to Contact.