

**Date:** [Insert Date]

**To:** [Employee Name]

**Employee ID:** [Insert ID]

**Subject: Voluntary Furlough Benefits Agreement**

Dear [Employee Name],

This letter confirms the agreement regarding your voluntary furlough beginning on [Start Date] and ending on [End Date or "Until Further Notice"]. During this period, you will remain an employee of [Company Name], but you will not perform work or receive your regular salary.

Regarding your employee benefits during this furlough period, the following terms apply:

- **Health Insurance:** [Company Name] will continue to provide medical, dental, and vision coverage. You are responsible for your portion of the monthly premiums, which will be [collected via personal check / deducted from future pay / waived].
- **Retirement Plans:** Contributions to the [401k/Pension] plan will cease during the furlough period as there are no earnings from which to withhold contributions.
- **Paid Time Off (PTO):** Your PTO accrual will be [suspended / continued] during this period. You [may / may not] use existing PTO to supplement your income during the furlough.
- **Life and Disability Insurance:** Coverage will remain in effect provided that premium payments are maintained.

**Unemployment Benefits:** You may be eligible for state unemployment insurance benefits. Please contact your local unemployment office for eligibility requirements and filing instructions.

**Return to Work:** Your expected return date is [Date]. However, this date is subject to change based on business needs. We will provide at least [Number] days' notice prior to your required return.

Please sign below to acknowledge your understanding and acceptance of these terms.

Sincerely,

[Name of Manager/HR Representative]

[Title]

[Company Name]

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**Employee Acknowledgment:**

I accept the terms of this voluntary furlough as outlined above.

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