

Date: [Insert Date]

To: [Employee Name]

Employee ID: [Insert ID]

Subject: Acknowledgment of Voluntary Furlough and Benefits Suspension

Dear [Employee Name],

This letter serves as formal acknowledgment of your request for a voluntary furlough beginning on [Start Date] and ending on [End Date or "Until Further Notice"].

By signing this document, you acknowledge and agree to the following regarding your employment benefits during this period:

- **Benefit Suspension:** Most company-provided benefits, including but not limited to health, dental, and vision insurance, will be suspended effective [Date].
- **Premium Payments:** You understand that to maintain certain elective coverage (if applicable), you may be required to pay the full premium costs directly.
- **Accruals:** Paid Time Off (PTO), vacation, and sick leave accruals will be paused for the duration of the furlough.
- **Retirement Contributions:** Company contributions to [401k/Pension] plans will cease during the unpaid furlough period.

Please note that your employment status remains active, but you are not authorized to perform any work-related tasks during this time. We will contact you regarding a return-to-work date or any changes to your status.

If you have questions regarding COBRA eligibility or benefit reinstatement procedures upon your return, please contact the Human Resources Department at [Phone Number/Email].

Please sign and return a copy of this letter to confirm your understanding of these terms.

Sincerely,

[Name of Manager/HR Representative]

[Title]

[Company Name]

Employee Acknowledgment:

I have read and understand the terms of my voluntary furlough and the resulting suspension of benefits as outlined above.

Signature: _____ Date: _____