

Date: December 2017

To: Southwest Minnesota State University Employees From: Nancy Olson, CHRO

Re: Voluntary Leave Without Pay Option

In light of the current budget situation, SMSU will entertain offers of voluntary reduction in hours by employees for the intent of reducing costs. Employees suffer no loss of benefits or seniority with a voluntary reduction of hours, however each bargaining unit agreement has specific conditions that must be met.

The current law regarding voluntary leave without pay is attached. Most of it is self-explanatory, but the following information clarifies points in the law and summarizes some of the points that are not mentioned:

1. While the law states that the appointing authority has the right to accept or reject requests for voluntary LWOP, every attempt will be made to approve your request. Your supervisor must approve the actual dates of your absence(s) and you will be notified if your request for voluntary LWOP is approved or not granted.
2. Individuals with MnSCU Administrator, MSUAASF (with the exception of non-exempt MSUAASF employees), and IFO appointments may spread their LWOP over their appointment pay periods. Non-exempt MSUAASF and all other units may only take reduced pay in the pay period in which the LWOP occurs.
3. You may take up to 1,040 hours of LWOP in each two-year period beginning July 1 of each odd- numbered year. It is not required, but for convenience we ask that you submit any request in at least 4-hour increments.
4. Your benefits will not be impacted, as described in the law.
5. Since your LWOP status will impact your amount of pay, retirement deductions will not automatically be taken. This may have an impact on your retirement income. Therefore, if you wish, and if it is allowed in your plan, you can pay the employee contribution of the applicable leave. If you do this, the State will match this amount as is normally done. This payment is made after the LWOP is completed.

To help us better understand how this will impact our expenses, we are asking employees to notify us if you intend to take voluntary LWOP at any time during the remainder of this fiscal year or next fiscal year.

Submitting the attached form will provide us with the information we need to calculate savings the LWOP will provide. While your volunteerism is appreciated at any time, it would be extremely helpful if you provide this information to us as soon as possible so we will know the budgetary impact.

## 43A.49 VOLUNTARY UNPAID LEAVE OF ABSENCE.

1. Appointing authorities in state government may allow each employee to take unpaid leaves of absence for up to 1,040 hours in each two-year period beginning July 1 of each

odd-numbered year. Each appointing authority approving such a leave shall allow the employee to continue accruing vacation and sick leave, be eligible for paid holidays and insurance benefits, accrue seniority, and accrue service credit and credited salary in retirement plans as

if the employee had actually been employed during the time of leave. An employee covered by the unclassified plan may voluntarily make the employee contributions to the unclassified plan during the leave of absence. If the employee makes these contributions, the appointing

authority must make the employer contribution. If the leave of absence is for one full pay period or longer, any holiday pay shall be included in the first payroll warrant after return from the leave of absence. The appointing authority shall attempt to grant requests for the unpaid leaves of absence consistent with the need to continue efficient operation of the agency. However, each appointing authority shall retain discretion to grant or refuse to grant requests for leaves

of absence and to schedule and cancel leaves, subject to the applicable provisions of collective bargaining agreements and compensation plans.

1. To receive eligible service credit and credited salary in a defined benefit plan, the member shall pay an amount equal to the applicable employee contribution rates. If an employee pays the employee contribution for the period of the leave under this section, the appointing authority must pay the employer contribution. The appointing authority may, at its discretion, pay the employee contributions. Contributions must be made in a time and manner prescribed by the executive director of the applicable retirement system.

**History:** *1Sp2003 c 1 art 2 s 130; 2007 c 35 s 3; 2009 c 101 art 2 s 64*

|  |  |  |  |
| --- | --- | --- | --- |
| DATE(S) | HOURS ABSENT(From – To) | TOTALHOURS | TOTAL DAYS(hours divided by 8) |
| EXAMPLE 1:5/23/14 – 5/28/14(Subject to supervisory approval) | 8:00 a.m. – 4:30 p.m. | 24 | 3(Only 3 days were included as the law allows the Memorial Day holiday to be paid if it is a normally scheduled workday. One could also list 4 days if they wish to volunteerthe Memorial Day holiday.) |
| EXAMPLE 2:TBD – 4/1/14 – 6/30/14 | TBD | 24 | 3(Time to be scheduled at a later date with approval of your supervisor.) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# I wish to accrue service credit and credited salary in the state retirement plan as if I were being paid my normal salary during this period. I understand I will need to pay the employee contribution to receive the employer contribution after the leave is completed.

* **YES  NO**

# I am a member of an employment unit that allows the impact of LWOP on pay to be spread over the entire fiscal year and wish to do so.

* **YES  NO  N/A**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE(S) | HOURS ABSENT(From – To) | TOTALHOURS | TOTAL DAYS(hours divided by 8) |
| EXAMPLE 1:11/7/14 – 11/12/14(Subject to supervisory approval) | 8:00 a.m. – 4:30 p.m. | 24 | 3(Only 3 days were included as the law allows the Veteran’s Day holiday to be paid if it is a normally scheduled workday. One could also list 4 days if they wish to volunteerthe Veteran’s Day holiday.) |
| EXAMPLE 2: TBD – 7/1/2014 9/1/2014 | TBD | 24 | 3(Time to be scheduled at a later date with approval of your supervisor.) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# I wish to accrue service credit and credited salary in the state retirement plan as if I were being paid my normal salary during this period. I understand I will need to pay the employee contribution to receive the employer contribution after the leave is completed.

* **YES  NO**

# I am a member of an employment unit that allows the impact of LWOP on pay to be spread over the entire fiscal year and wish to do so.

* **YES  NO  N/A**