## Attachment 1

## Furlough Plan Information Spreadsheet

| Employer Name | Implemented a<br>Furlough Plan<br>(Yes or No) If yes,<br>what is the<br>effective date? | Were pay rates<br>reduced due to<br>furlough in order to<br>protect the employees<br>total service credit? | Does your agency offer<br>earnings based special<br>compensation? (Yes<br>or No) | Contact<br>Person | Phone | E-Mail |
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