

California State University, Dominguez Hills
2009-2010 Faculty Furlough Program
CERTIFICATION BY FACULTY MEMBER

In accordance with Paragraph 5.b. of the Furlough Agreement, dated July 28, 2009, between the California State University and the California Faculty Association, I certify that:

- i. I will not work on mutually agreed or assigned furlough days;
- ii. I will not work beyond the duties assigned for any week in which I have one or more furlough days; and
- iii. I understand that my actual pay, though not my base pay or benefits, will be affected by the furlough program.

Name: _____

Department: _____

Signature: _____

Date: _____
(no later than August 24, 2009)

- Please return to your Department Chair

Department Chair: *Please retain a copy and provide the original to your Dean no later than August 28, 2009.*

Dean: *Please retain a copy and forward the original to Academic Affairs Personnel Services.*

cc: Personnel Action File