Memorandum For: <Insert Employee's Full Name and email address/mailing address>

From: <Insert Official's Name and Title>

Subj: NOTICE OF DECISION TO FURLOUGH

In the absence of either a Fiscal Year (FY) 20xx appropriation or a continuing resolution for the Department of Defense (DoD), no further obligations may be incurred by the DoD, except those related to "excepted" functions as authorized by the Deputy Secretary of Defense. As provided in the Deputy Secretary of Defense's <Insert Date> memorandum, "Guidance for Continuation of Operations During a Lapse of Appropriations," such excepted situations include:

- Statutes that expressly authorize incurring obligations in advance of appropriations;
- Emergencies involving the safety of human life or the protection of property;
- Functions necessary to discharge the President's constitutional duties; and
- Activities necessary for the orderly shutdown of activities that do not fall within one of the above categories.

You are employed as a <position title>, <PP-Series-Grade> with an annual/hourly salary of \$xxxxx. Your nonappropriated fund (NAF) position has been affected by the lapse in appropriations because the position is paid in whole or in part with appropriated funds. Additionally, your services are not needed for orderly suspension of operations and you are not engaged in one of the other excepted functions. Therefore, you are being placed in a furlough status effective XXXX, 20xx. This current action is being taken because of a sudden emergency requiring immediate curtailment of DoD activities; therefore, no advance notification was possible. This furlough is not a disciplinary action.

The duration of the furlough is not known at this time; therefore, it is your responsibility to listen to public broadcasts and to keep abreast of the latest news regarding the budgetary status of the United States. When you hear that a continuing resolution or a Fiscal Year 20xx appropriation for the DoD has been approved, you will be expected to report to work on your next regular duty day or as otherwise directed by your supervisor.

During the furlough period, you will be in a non-pay, nonduty status, and you may not work at your workplace or other alternate worksite unless, and until, recalled. During the furlough you will not be permitted to serve as an unpaid volunteer with the Federal government. Any paid leave (annual, sick, etc.) previously approved for use during the furlough period is cancelled. If you are participating in the NAF Health Benefits Plan, coverage may be continued for up to twelve months, provided you pay the required employee share of the premium. < Employing NAFI will need to add specific information related to its NAF Retirement Plan, 401k, Life Insurance, LTC Insurance, and other benefits>

Eligible Regular NAF employees may appeal the furlough action if they believe that Business Based Action (BBA) regulations and procedures were not properly applied. Management decisions regarding the budget, workload, organization and mission are reserved to management

and are not appealable under BBA provisions. Appeals must be submitted in writing within seven calendar days after the effective date of the BBA action. Submit the appeal to (provide contact information of appropriate individual/office). For procedural information, contact		
applicable negotiated agreement (provide	ing units may grieve this action in accordance with the ecitation to negotiated agreement). To obtain the negotiated grievance procedure, contact (name of	
you believe that this furlough was conductive federal sector EEO process is availabhttp://eeoc.gov/federal/fed_employees/coservicing EEO Office at [insert EEO Office at linear servicing agreements to detengotiated grievance procedure. If so comprocess or the negotiated grievance procedure.	omplaint_overview.cfm. You may contact your office contact information]. [Note: Consult local armine if discriminatory matters are covered under the overed, employees may use either the EEO complaint cedure, but not both]  Employee about Unemployment Insurance." Additional	
Deciding Official	Date	
I acknowledge receipt of the notice.		
Employee's Name	Date	
Attachment: SF-8		