



# ORGANIZATION OF STAFF ANALYSTS FURLOUGH SURVEY FORM

NAME: \_\_\_\_\_

LAST 4 DIGITS OF YOUR SOCIAL SECURITY #: \_\_\_\_\_

TITLE: \_\_\_\_\_ SALARY \$ \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

PERMANENT ☐ PROVISIONAL ☐ YEARS OF SERVICE: \_\_\_\_\_

The City may agree to allow OSA members to take a six month, one year or eighteen month leave. If so, the members choosing to do so will be required to pay their own health benefits (unless covered by a spouse) at the “COBRA” rate. On return from leave, jobs, salary, and title would be intact, but assignment could change.

I am –

- ☐ interested in such an option in FY ‘09 (now)
- ☐ interested in such an option in FY ‘10 (after 7/1/09)
- ☐ interested in such an option in the future

Please return this survey in the enclosed self addressed envelope to:

Organization of Staff Analysts  
220 East 23<sup>rd</sup> Street Suite 707  
New York NY 10010