

## REQUEST FOR VOLUNTARY FURLOUGH PROGRAM

Name \_\_\_\_\_

Date \_\_\_\_\_

Dept. \_\_\_\_\_

Z # \_\_\_\_\_

I have read and understand the procedures and requirements for participation in the Voluntary Furlough Program and wish to apply for the furlough options specified below.

\_\_\_\_\_  
Signature

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### Option 1: Reduced Hours Per Workday

Reduction in hours worked per day may only be requested at the start or end of a work shift.

Work hours per day reduced for the following dates as specified:

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### Option 2: Reduced Days Per Pay Period

Workdays per pay period reduced for the following dates as specified:

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### Option 3: Reduced Weeks Per Year

Workweeks per pay year reduced for the following dates as specified:

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### Recommendations and Approvals

Yes    No   Budget Unity Manager \_\_\_\_\_

Yes    No   Divisional vice President \_\_\_\_\_

Yes    No   Appointing Authority \_\_\_\_\_

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### Human Resources/Payroll Use Only

Position # \_\_\_\_\_ Budget Unit \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Working Test Period            |
| <input type="checkbox"/> Payroll         | <input type="checkbox"/> Pension Interruption           |
| <input type="checkbox"/> PMIS Actions    | <input type="checkbox"/> Health Benefits co-payment Due |

Approved Copy:    Payroll                       Employee                       Employee File