



Request for Voluntary Furlough

Current Date:

Personal Information

Employee Name:

Employee ID#:

Department:

Phone Number:

Reason for Voluntary Furlough:

Dates of Voluntary Furlough:

(For partial days, include date and number of hours)

I acknowledge that I understand the provisions of the Voluntary Furlough Program. I will notify my supervisor and Human Resources if I make a change to my furlough dates.

Employee Signature: _____

Date: _____

APPROVAL SECTION

Approved

Denied

Supervisor Signature: _____

Date: _____

Approved

Denied

Second Level Supervisor: _____

Date: _____

Approved

Denied

Vice President of HR Signature: _____

Date: _____

Return this form to the Benefits Administrator in the Office of Human Resources as soon as possible.