## REQUEST FOR VOLUNTARY FURLOUGH PROGRAM

Name		Date:		
Title	Z#			
I have read and und Voluntary Furlough	lerstand the procedures and req n Program	uirements for par	ticipati	on in the
	Signature/Date			
Option 1: Red	uced Hours Per Workday			
Reduction in hours shift.	worked per day may only be re	equested at the sta	art or e	nd of a work
Work hours	s per day reduced for the follow	ing dates as spec	ified:	
Option 2: Red	uced Days Per Pay Period			
Workdays ¡	per pay period reduced for the f	following dates as	specif	ied:
Option 3: Red	uced Weeks Per Year			
Workweeks	s per year reduced for the follow	ving dates as spe	cified:	
Recommendations	s and Approval			
Budget Unit Manager Divisional Vice President Appointing Authority			Yes Yes Yes	No No No
Human Resources	s/Payroll Use Only			
Position #	Budget Unit			
I I I	<ul><li>Working Test Period</li><li>Pension Interruption</li><li>Health Benefits co-payment Due</li></ul>			
Approval Copy:	Payroll	Budget Unit M	<b>I</b> anager	
	Divisional Vice President	Employee File	(origin	nal)