



# Voluntary Furlough Enrollment & Cancellation Form

(Request form must be submitted and approved prior to the requested time off)

<b>GENERAL INFORMATION:</b> (To be completed by the employee)	
Employee Name:	Employee ID:
Department:	Division:
Supervisor:	Phone:
Standard Weekly Hrs:	Total Furlough Hrs Requested:

*(Requested Time Allowed: Maximum: 240 hours/approximately 30 days)  
Ending no later than June 30, 2024*

**I am requesting that my regular work schedule be reduced as follows:**

<input type="checkbox"/>	<p><b>Reduction of Scheduled Workday or Workweek</b></p> <p>I want to voluntarily reduce my workday hours or workweek schedule by the following:</p> <p><input type="checkbox"/> Hours per day:      Total hours per week:</p> <p>Old work hours:                      to                      New work hours:                      to</p> <p><input type="checkbox"/> Reduced workweek schedule:</p> <p>Current days worked:      <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat</p> <p>Requested days worked:      <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat</p> <p><input type="checkbox"/> Specified pay periods only: Start date:                      to End date:</p> <p>Comments:</p>
<input type="checkbox"/>	<p><b>Time Off</b></p> <p>Dates and Times:</p> <p>Comments:</p>

**I have received and read the [Voluntary Furlough Policy, including a review of the FAQs](#) and agree to the above.**

\_\_\_\_\_ **Employee Signature**                      \_\_\_\_\_ **Date**

<b>Cancellation/Reduction</b>	
<input type="checkbox"/>	<p><b>I request to cancel my participation in the Voluntary Furlough program</b></p>
<input type="checkbox"/>	<p><b>I request the following changes to my Voluntary Furlough request:</b></p> <p><b>Please specify:</b></p>

**Supervisor/ERC Use Only:**

Supervisor Approval	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, reason:	
Supervisor Signature:			Date:	
_____ <b>ERC Signature</b>			_____ <b>Date</b>	
Notes:				