



FURLOUGH REQUEST FORM

PLEASE NOTE: Employees should submit request for furlough leave by September 15, 2009 to be taken during Fall 2009 and Spring 2010. Employees are required to take a total of eight furlough days before the end of the fiscal year 2010. Five days (September 7, 2009, November 25, 2009, December 21, 2009, January 4, 2010, and March 8, 2010) have been identified as university-wide furlough days for all employees subject to the Board of Regents (BOR) Furlough Policy. You will be notified, in advance, if additional furlough days are required during fiscal year 2010.

Employee Name:	Employee ID:	Today's Date:
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Scheduled Furlough Days (*Denotes required furlough days for all employees subject to the BOR Furlough Policy)

Furlough Start Date	Furlough End Date	Hours Taken (1/2 day or whole day)	PAYROLL USE ONLY
*September 7, 2009	September 7, 2009	✓ Whole Day	
*November 25, 2009	November 25, 2009	✓ Whole Day	
*December 21, 2009	December 21, 2009	✓ Whole Day	
*January 4, 2010	January 4, 2010	✓ Whole Day	
*March 8, 2010	March 8, 2010	✓ Whole Day	
		<input type="checkbox"/> Half Day <input type="checkbox"/> Whole Day	
		<input type="checkbox"/> Half Day <input type="checkbox"/> Whole Day	
		<input type="checkbox"/> Half Day <input type="checkbox"/> Whole Day	
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		<input type="checkbox"/> Half Day <input type="checkbox"/> Whole Day	
		<input type="checkbox"/> Half Day <input type="checkbox"/> Whole Day	
		Total Days:	

Employee Certification:

I certify that I have read, understand and agree to the terms and conditions of the BOR Furlough Policy and its effect on university work during the furlough period, work hours during the furlough week and retirement plans.

Signature: _____ Date: _____

Supervisory Review:

I have read and understand the terms of the BOR Furlough Policy and recommend the following action: (If supervisor is submitting furlough document on behalf of employee please note below.)

- Furlough Approved
 Furlough Disapproved (Please note reason(s) below)

Signature: _____ Date: _____