



SUBMIT TO: Manager/Supervisor

To be kept in Manager/Supervisor file.

IMPORTANT: Manager/Supervisor must notify Timekeeper of all approved Furlough Requests.

SECTION I: For Completion by the EMPLOYEE [Complete form by directly entering information into the interactive fields.](#)

Employee Name:	Employee ID:	Department:
Email Address:	Bargaining Unit (Union):	Extension or Contact Phone:

ENROLLMENT

Voluntary Time Off

I request to enroll in the Voluntary Furlough Program (VFP) under the following option:

Option 1 **Reduction of scheduled workday or workweek. (Note: Exempt employees may only request full day absences.)**
 Specify the hours or days to be reduced (e.g., 8-5 on the second Friday of each pay period):

hours per day _____ day(s) (e.g., Monday, Tuesday, etc.) _____
 from pay period _____ to pay period _____

Additional Explanation (If additional space is required, please attach):

Option 2 **Reduced block of time off (full week or full pay period).**
 Specify the block of time to be off (e.g. Dec. 15-Jan. 3). Block of time off: _____
 from pay period _____ to pay period _____

Additional Explanation (If additional space is required, please attach):

I affirm that I have read, understand, and agree to the terms of the program as stated in the Board of Supervisors Policy Number C-31 (Voluntary Furlough Program).

 Signature _____
 Date

CANCELLATION/REDUCTION/CHANGE

- I request to **cancel** my participation in the VFP.
- I request to **reduce/change** my participation in the VFP.

Specify the reduction and pay periods:

SECTION II: For Completion by DEPARTMENT HEAD

Department Head Approval: Yes No If no, reason: _____

 Signature _____
 Date