



# Request To Receive Furlough

The County offers Voluntary Furlough leave to all employees in full-time or part-time with benefits positions. Refer to the **Voluntary Furlough policy** in the employee handbook for complete guidelines on this policy.

By signing this form, I \_\_\_\_\_ understand furlough cannot be requested in conjunction with sick leave, leave of absence, shared leave or Family and Medical Leave. The total number of voluntary furlough absences should not exceed ten days per fiscal year. If I do not return to work immediately following a voluntary furlough, I will be subject to repaying the County share of any premiums paid and any other costs that may have been absorbed by the County during the voluntary furlough. I understand there is no appeal process for a voluntary request that is denied.

EMPLOYEE INFORMATION			
Employee Name (First, Last, Middle Initial)		Telephone Number	
Department	Begin Date:	End Date:	Total Hours Requested:
Employee ID #	Supervisor:		
CHECKLIST FOR SUPERVISOR APPROVAL (ALL MUST BE CHECKED BEFORE DECISION)			
Request was made at least two (2) weeks in advance of request.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Request is for a minimum of one (1) full work day, but no more than 1 week.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Request is not in conjunction with sick leave, leave of absence, shared leave or FMLA.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Impact on business has been assessed.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Chain of command has reviewed the request		<input type="checkbox"/> YES	<input type="checkbox"/> NO

PROCESSING INSTRUCTIONS	
<input type="checkbox"/> Give a copy of the request to the employee. <input type="checkbox"/> Record as unpaid leave on the timesheet for the pertinent pay period. <input type="checkbox"/> Attach the signed original Voluntary Furlough Request form to the timesheet for the pay period during which furlough is taken. Human Resources does not need a copy of the furlough form.	
Employee Signature:	Date:
Supervisor Signature:	Date:

DECISION	
Department Manager or Designee Signature:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED