

REQUEST FOR VOLUNTARY FURLOUGH PROGRAM

Name_____

Date:_____

Title_____

Z#_____

I have read and understand the procedures and requirements for participation in the Voluntary Furlough Program

Signature/Date

Option 1: _____

Option 2: Reduced Days Per Pay Period

___ Workdays per pay period reduced for the following dates as specified:

Option 3: Reduced Weeks Per Year

___ Workweeks per year reduced for the following dates as specified: