Classified Employees:

Please submit this form according to the instructions below whenever you wish to change your scheduled furlough to another day. **Please note that any change in furlough day must be approved in advance by your supervisor and the “new” date you are requesting must fall within the payroll period you elected at the start of the six month period (e.g., 1st – 15th of the month or 16th – last day of the month).**

**INSTRUCTIONS:**

**Employee:** Complete the information below in advance of your scheduled furlough day, sign and submit it to your direct supervisor for approval.

**Supervisor:** Review the furlough request submitted by your employee and if appropriate approve it sign the form and send it along to the leave keeper. If you are unable to approve the change then mark disapprove, sign and return the form to the employee.

**Leave Keeper:** Once you receive an approved form from the supervisor, please change the leave card, sign this form and send copies (preferably via e-mail) of the form with all signatures to: (1) the employee; (2) the supervisor and (3) Michelle Hooper in the Office of Human Resources.

**CHANGE OF FURLOUGH DATE REQUEST FORM**

I, ________________ (insert employee name) request that my scheduled furlough date for the month of ________________ (insert month name) be changed from ________________ (insert currently scheduled furlough date) to_________________ (requested furlough date).

(Employee’s Signature) __________________________ (Date) __________________________

(Supervisor’s Signature)__________________________ ☐ (Approved) ☐ (Disapproved)

(Leave Keeper’s Signature) ______________________ (Date) ______________________