FORSYTH COUNTY, NC
VOLUNTARY FURLOUGH REQUEST

To be completed by the employee. Please print:

Employee Name_____ID_____

Department_____

I am requesting unpaid voluntary furlough for the time period indicated below:

Beginning date_____ Ending date_____ Total Hrs. Requested_____

My signature below acknowledges that I have read the Voluntary Furlough Policy and I fully understand its provisions (see FCNet or request copy from supervisor)

_____ _____

Employee Signature **Date Submitted**

Supervisor Approval Checklist (all must be checked before approval of request)

____ Request was made at least 2 weeks in advance of the requested leave.
____ Request is for a minimum of one full day but no more than one workweek.
____ Request is not in conjunction with any other type of unpaid leave or sick leave.
____ Impact on business operations has been assessed.
____ Supervisor and chain-of-command (if applicable) recommendations received.

Processing Instructions:

____ Give a copy of the approved form to the employee.
____ Record as unpaid leave on the timesheet for the pertinent pay period.
____ Attach the signed original Voluntary Furlough Request form to the timesheet for the pay period during which furlough is taken. (Please note HR does not need a copy of the furlough form.)
____ When timesheets are entered into the payroll service report for the applicable pay period, enter the furlough hours in the furlough column.

This voluntary furlough request is: **____ Approved**
____ Disapproved

_____Date_____
Supervisor Signature

_____Date_____
Department Manager (or designee) Signature **5/10/10**