

# Voluntary Furlough Request Form

Employee: \_\_\_\_\_ Pay Period: \_\_\_\_\_

Cabinet/Department Number: \_\_\_\_\_

Date	Time		Total Hours	Employee's Signature
	From	To		

**\*All voluntary furlough requests shall be approved in advance by the Appointing Authority. The Voluntary Furlough Request Form must be submitted to the Personnel Cabinet Secretary prior to the voluntary furlough.**

**\* Voluntary furlough requests shall be requested in quarter-hour increments.**

**\* Each Cabinet or Independent Agency is responsible for maintaining accurate time sheets and payroll records reflective of voluntary furloughs.**

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Appointing Authority's Signature**

\_\_\_\_\_  
**Date**

**Have seen and reviewed:**

\_\_\_\_\_  
**Personnel Cabinet Secretary**

\_\_\_\_\_  
**Date**