REQUEST FOR VOLUNTARY FURLOUGH PROGRAM

Name			Date:	
Title			Z#	
I have read and Voluntary Furl		=	uirements for participation in the	
	Signature/Date			
Option 1:			_	
	Option 2:	Option 2: Reduced Days Per Pay Period		
	Wo	rkdays per pay period re	educed for the following dates as specified:	
	Option 3:	otion 3: Reduced Weeks Per Year		
	Wo	rkweeks per year reduc	ed for the following dates as specified:	
			Density Interpreting	
	PMIS A	ctions	Pension InterruptionHealth Benefits co-payment Due	
Approval Cop	y: Pay	roll	Budget Unit Manager	
	Div	isional Vice President	Employee File (original)	