

LOWER COLUMBIA COLLEGE

REQUEST FOR VOLUNTARY FURLOUGH FORM

EMPLOYEE SECTION

Please complete this form in full and return to Human Resources to request voluntary furlough beginning the week of July 27, 2020 through September 5, 2020.

Name: _____ **Department:** _____
EMP ID: _____ **Position:** _____
Supervisor: _____

Furlough requests must be a minimum of 8 hours during furlough weeks and can be up to 50% of your normal weekly hours (i.e. between 8 hours and 20 hours / week for a 40 hr / week employee). Employees do not have to take furlough all weeks. Please indicate the furlough day(s) and associated hours you are requesting below. To be eligible, you must be in paid status for all other hours for the weeks in which your furlough days occur.

Example:

Week of July 27: *July 27-30* **Hours:** *2 hrs/day*

This means a 40 hr/week employee intends to work 8 hr days (32 for the week) with 8 hrs furlough.

FURLOUGH DAYS/HOURS

Week of July 27: **Hours:** _____
Week of August 3: **Hours:** _____
Week of August 10: **Hours:** _____
Week of August 17: **Hours:** _____
Week of August 24: **Hours:** _____
Week of August 31: **Hours:** _____

Please list any comments to explain your furlough request above:

SIGNATURES

Employee: _____ Date: _____
Supervisor / Vice President: _____ Date: _____

HUMAN RESOURCES OFFICE ONLY

Eligible: **Decision:**
 Yes Approve
 No Deny

HR Signature: _____ Date: _____