

**VOLUNTARY WORK FURLOUGH REQUEST  
AND AUTHORIZATION FORM**

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

RE: Voluntary Furlough Schedule

Original Request

Extension of Previous Request

I am requesting that my regular work schedule be reduced according to the terms of the City's Voluntary Furlough Program Policy. I understand that this reduction is voluntary and consistent with the City's Voluntary Furlough Program Policy.

I am requesting the following scheduled days off: *(Maximum ten (10) days)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have received and read the Voluntary Furlough Program Policy.

**Employee:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Supervisor:**       Approve     Denied

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Department Head:**     Approve     Denied

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**City Administrator:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Original City Administrator \_\_\_\_\_  
(Date)

Employee \_\_\_\_\_  
(Date)

Supervisor \_\_\_\_\_  
(Date)

Payroll \_\_\_\_\_  
(Date)