

The Office of Human Resources

CWA & IFPTE Self-Directed Furlough Request Form



Current Date

Employee Name - First Middle Last

Department

6 Digit Employee ID #

Hours Worked Per Day

Union Code

	Furlough Dates	Supervisors's Approval	Mutually Agree Upon Dates If Original Date Request Is Denied	Employee Initials
Date 1	11/27/09 Day after Thanksgiving	<input type="radio"/> Approved <input type="radio"/> Denied	Date 1 <input type="text"/>	<input type="text"/>
Date 2	<input type="text"/>	<input type="radio"/> Approved <input type="radio"/> Denied	Date 2 <input type="text"/>	<input type="text"/>
Date 3	<input type="text"/>	<input type="radio"/> Approved <input type="radio"/> Denied	Date 3 <input type="text"/>	<input type="text"/>
Date 4	<input type="text"/>	<input type="radio"/> Approved <input type="radio"/> Denied	Date 4 <input type="text"/>	<input type="text"/>
Date 5	<input type="text"/>	<input type="radio"/> Approved <input type="radio"/> Denied	Date 5 <input type="text"/>	<input type="text"/>
Date 6	<input type="text"/>	<input type="radio"/> Approved <input type="radio"/> Denied	Date 6 <input type="text"/>	<input type="text"/>
Date 7	<input type="text"/>	<input type="radio"/> Approved <input type="radio"/> Denied	Date 7 <input type="text"/>	<input type="text"/>
Date 8	<input type="text"/>	<input type="radio"/> Approved <input type="radio"/> Denied	Date 8 <input type="text"/>	<input type="text"/>
Date 9	<input type="text"/>	<input type="radio"/> Approved <input type="radio"/> Denied	Date 9 <input type="text"/>	<input type="text"/>
*Date 10	2/12/2010 Lincoln's Birthday	<input type="radio"/> Approved <input type="radio"/> Denied	Date 10 <input type="text"/>	<input type="text"/>

*(Pending agreement of the TCNJ Energy Program
February 12, 2010 has been designated a furlough day)

I understand that my request for an unpaid self-directed furlough day or days ("SDF") will be reviewed in accordance with the Memorandum of Agreement between the State and the union that represents me.

I understand that I am not required to take more than one SDF day in any workweek, or even in any two week pay period.

I understand that if my request would result in more than one SDF day in the same workweek, that it is my choice, and that I am asking my employer to accommodate my request.

I further confirm that my employer is not suggesting or requiring that I take more than one SDF day in any workweek.

Supervisor's Signature Date:

Employee's Signature Date:

Supervisors - Submit approved and signed requests directly to Human Resources - ASB 101