

Non-Represented Furlough Program

Non-Represented employees wishing to participate in the special furlough program need to complete and return this form to their supervisor. Requests will be considered on a first come first serve basis.

Name _____ SAP# _____

Dept. _____ Division _____

Request for reduction in hours: Please identify reduction request and period of time.

Request for Leave of Absence without Pay: Please outline period requested below. Minimum of time off must be equivalent to employee's work week, except as provided in the current Memorandum of Exception between the County and Local 88 (non-represented furlough has the same guidelines). Time off in excess of one week is limited to blocks of 29 days.

Please provide total number of hours covered by furlough: _____

Please provide hourly wage (if known): _____

Supervisor Response:

☐ Approved

☐ Denied

☐ Modified (provide brief explanation):

Notes (if applicable):

Supervisor Signature: _____ **Date:** _____

If approved, employee needs to sign. Employee's signature also confirms that they understand that furloughs of one payroll period or more may cause additional amounts deducted from paychecks to cover unpaid periods.

Employee Signature: _____ **Date:** _____

After the supervisor signs the form approving the leave, supervisor needs to retain a copy and send original to your Department HR Office with copy to 503/3/Labor Relations.