

KEAN UNIVERSITY
Voluntary Furlough Request

Employee Name: _____
Unit/Dept: _____

Job Title: _____
Supervisor's Name: _____

Part A. Designate Time Requested

I would like to request Voluntary Furlough Days, as Consecutive Whole Days,
from _____ to _____

I would like to request Voluntary Furlough Days, as Intermittent Whole Days, on the following dates:

I would like to request Voluntary Furlough Days, as Partial Days/Hours, on the following dates and
times: _____

Total Requested: ___ DAYS and/or ___ HOURS

Part B. Reason for Furlough Request

You may attach additional documentation. Please note that an employee may not be permitted to use voluntary furlough for any of the following purposes: sick leave, a leave without pay due to a disability or to seek or engage in alternate employment.

Part C. Employee Certification

I certify that I have read, understand and agree to the terms and conditions of the Voluntary Furlough Program.

Signature: _____ Date: _____

Part D. Supervisor's Certification

I, _____, have read and understand the terms of the Voluntary Furlough Program and recommend the following action.

Furlough Approved Furlough Disapproved (Please note reasons below)

Signature: _____ Date: _____

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Part E. Division Vice President - Certification

An employee may not be permitted to participate in the program if such participation would be detrimental to the public health, safety or welfare or would result in increased costs to the University due to increased overtime, the need to appoint additional employees or the loss to the University of anticipated revenue.

I, _____, have read and understand the terms of the Voluntary Furlough Program and recommend the following action.

- Furlough Approved Furlough Disapproved (Please note reasons below)

Signature: _____ Date: _____

Part F. Human Resources

- Furlough Approved Furlough Disapproved (Please note reasons below)

Signature: _____ Date: _____