UNLV

Classified Mandatory Unpaid Furlough Leave Request Form
January 1, 2014 through June 30, 2014

Name: _____ Employee ID: _____

Department: _____

Please designate your first choice of days for furlough for the next six months. If your designations cannot be approved, your supervisor will assign an unpaid furlough leave schedule. Please note you **must** take a total of 48 hours furlough for the fiscal year July 1, 2013 through June 30, 2014 (part-time prorated). Also, please note that you may not schedule more than 12 furlough hours in any single work week (Sunday through Saturday) and overtime in the same work week that furlough occurs is not permitted.

HRMS Cycle	**Pay Period**	Date/Hours	***Date/Hours**	***Date/Hours**	***Date/Hours**	Total Hours
012	January 1st-15th	/	/	/	/	
021	January 16th-31st	/	/	/	/	
022	February 1st-15th	/	/	/	/	
031	February 16th-28th	/	/	/	/	
032	March 1st-15th	/	/	/	/	
041	March 16th-31st	/	/	/	/	
042	April 1st-15th	/	/	/	/	
051	April 16th-30th	/	/	/	/	
052	May 1st-15th	/	/	/	/	
061	May 16th-31st	/	/	/	/	
062	June 1st-15th	/	/	/	/	
071	June 16th-30th	/	/	/	/	
					Total Hours	

***To be used if splitting furlough leave between different days for a given pay period.**

Part time or employees on variable schedule please attach a copy of your schedule.

Changes made after this form is approved may only be made within the pay period for which the original permitted designation occurred, and must be approved by your supervisor.

I acknowledge that unpaid furlough leave will be taken out of my paychecks for each period approved over the next six months. These periods of unpaid furlough leave were mandated by SB 505.

Employee's Signature: _____ Date _____

Supervisor's Signature: _____ Date: _____

Notes
Original-Leave Record
Copy- Employee, Supervisor

Changes to furlough schedule are to be managed within the same pay period and documented on this form to be retained in the Department in the leave record.