



**Directions:**

This form is to be completed by the supervisor requesting an extended furlough for their employee(s). If an extended furlough is being requested for more than one employee within a work department, a separate form shall be completed and submitted for each individual. Forms for employees in same or similar positions within the work department shall be routed for approval simultaneously.

Once completed, submit form to planning unit head (Dean or VP), then to University Human Resources. Requests should be submitted no less than two weeks prior to requested effective start date of the furlough. No changes may be in effect until University Human Resources has issued formal approval of the request.

---

Employee Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
 Work Department: \_\_\_\_\_ Employee Title: \_\_\_\_\_  
 Planning Unit: \_\_\_\_\_ Employee OHIO ID: \_\_\_\_\_

---

**Please indicate which type of extended furlough is requested the employee above. Check all that apply.**

- Reduction in weeks worked (must be full weeks); and/or
- Reduction in months worked (must be full months).

**If requesting a reduction in weeks worked:**

Which week(s) shall the employee be furloughed (must be full weeks): \_\_\_\_\_  
 \_\_\_\_\_

**If requesting a reduction in months worked:**

Current: \_\_\_\_\_ Proposed Months (no more than 6): \_\_\_\_\_  
 Months to be furloughed (must be full months): \_\_\_\_\_  
 \_\_\_\_\_

**Requested Effective Start Date:** \_\_\_\_\_ **Requested Effective End Date:** \_\_\_\_\_

---

**Please indicate the reason for the requested extended furlough. Check all that apply.**

- Lack of work; and/or
- Lack of funds.

Are there other employees in same or similar positions within the work department?  Yes  No

If yes, will they be placed on extended furlough?  Yes  No

If yes, please submit all forms simultaneously.

If no, please explain why positions are not impacted similarly in the space below:

Explain how the employee's position will be modified to accommodate this furlough (duties to not be completed, projects to be delayed, etc.). Note: the furlough may not result in any new pay elements for this or other employees.

---

Dean Signature: \_\_\_\_\_ CHRO or Designee Signature: \_\_\_\_\_

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

VP or Provost Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Note: once signatures have been added, return to supervisor.*

---

Share completed form with employee. Employee should sign to indicate receipt and acknowledgement of extended furlough and impact on their employment status, pay, and benefits including retirement.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: once employee signature has been added, return to UHR for processing.*

---

**For HR Use Only**

Processed by: \_\_\_\_\_ Date entered into Oracle: \_\_\_\_\_