

**KEAN UNIVERSITY**  
**Voluntary Furlough Request**

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Unit/Dept: \_\_\_\_\_ 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: \_\_\_\_\_

**Voluntary Furlough Request \* Page 2**

**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: \_\_\_\_\_

Copies: Employee - Supervisor/Manager Division - Vice President