

VOLUNTARY FURLOUGH APPLICATION - VFP (2020-21)

Employee Name:		Employee Number:	
Department:		Job Title:	
Date of Application:		Supervisor Name:	
Total Amount of Furlough Hours Requested:		Date to Begin:	
<i>Please select from the options below as to how Furlough time (8/31/20 – 6/30/21) will be taken.</i>			
<u>OPTION A: Weekly/Daily Furloughed Hours</u>			
SUGGESTED SCHEDULE OF ONGOING REDUCED HOURS:			
Weekday	Current Hours Worked	Requested Hours of Work	Total Daily Furlough
<i>Example:</i>	<i>8.0</i>	<i>6.0</i>	<i>2.0</i>
Sunday:			
Monday:			
Tuesday:			
Wednesday:			
Thursday:			
Friday:			
Saturday:			
<u>OPTION B: Blocked Time Off Request</u>			
DATES REQUESTED FOR “BLOCK TIME” FURLOUGH HOURS:			
Dates		Total Furlough Hours	
<i>Example: September 1 – September 30</i>		<i>160 hours</i>	
1.			
2.			
3.			
Total Furloughed Hours:			
If necessary, please submit an attachment providing the suggested schedule/request.			
Employee Signature:		Supervisor Approval:	
Department Director Approval:		HR Approval:	

By signing above, the Employee recognizes the approved election to participate in the VFP is irrevocable & the Employee recognizes the Employer may terminate this agreement at any time, with seven days advance notice. The acceptance of this application will be in accordance with the City’s Voluntary Furlough Program.