

THE CITADEL EMPLOYEE REQUEST FOR VOLUNTARY FURLOUGH

An employee should complete this form and forward to their department head/vice president for approval to participate in the voluntary furlough program. This form should be submitted to the payroll office ten (10) days prior to the furlough date(s).

An employee may request to participate in the voluntary furlough program not more than ninety (90) days per fiscal year and not more than forty (40) hours per pay period.

During the period of voluntary furlough, the employee shall be entitled to participate in the same state benefits as otherwise available to them except for receiving their salary. For more information, please refer to the voluntary furlough policy at www.citadel.edu/pol_proced/ppvolfur.htm.

Employee's Name:	SSN:	Today's Date:
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Department:

Furlough Begin Date:	Furlough End Date:	Total Hour(s) of Furlough:
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<p style="text-align: center;">_____ Employee Signature Date</p>	<p style="text-align: center;">_____ Dept. Head/Vice President Date</p>
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