

**CSN - Classified Mandatory Unpaid Furlough Leave Request Form for January 2, 2015 to June 30, 2015**  
(Due to Human Resources by December 17, 2014)

Name of Employee:

Department:

**1. Designate your Work Schedule for the above period:**

Monday:	<input type="text"/>	to	<input type="text"/>	Tuesday:	<input type="text"/>	to	<input type="text"/>
Wednesday:	<input type="text"/>	to	<input type="text"/>	Thursday:	<input type="text"/>	to	<input type="text"/>
Friday:	<input type="text"/>	to	<input type="text"/>	Saturday:	<input type="text"/>	to	<input type="text"/>
Sunday	<input type="text"/>	to	<input type="text"/>				

2. Please choose your first and second choice of days or hours for the next six months. Remember, all time must fall within either the first or the second pay period of each month. If the 1st or 2nd choice cannot be approved, the supervisor will assign an unpaid furlough leave day during your designated pay period.

Notate the day(s) and hours requested.  
Must be in 4 or 8 hour increments

Supervisor Approval -  
please initial approved choices

January - 1st Choice	<input type="text"/>	<input type="checkbox"/> _____
January - 2nd Choice	<input type="text"/>	<input type="checkbox"/> _____
February- 1st Choice	<input type="text"/>	<input type="checkbox"/> _____
February - 2nd Choice	<input type="text"/>	<input type="checkbox"/> _____
March - 1st Choice	<input type="text"/>	<input type="checkbox"/> _____
March - 2nd Choice	<input type="text"/>	<input type="checkbox"/> _____
April - 1st Choice	<input type="text"/>	<input type="checkbox"/> _____
April - 2nd Choice	<input type="text"/>	<input type="checkbox"/> _____
May - 1st Choice	<input type="text"/>	<input type="checkbox"/> _____
May - 2nd Choice	<input type="text"/>	<input type="checkbox"/> _____
June - 1st Choice	<input type="text"/>	<input type="checkbox"/> _____
June - 2nd Choice	<input type="text"/>	<input type="checkbox"/> _____

I acknowledge that the days or hours of unpaid furlough leave will be taken out of my paycheck for each period I have designated for the next six months. These hours of unpaid furlough leave were mandated by AB 511.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Original - Department Leavekeeper      cc: Human Resources