

**The College of New Jersey**

**Employee Request for Voluntary Furlough**

Date \_\_\_\_\_

Name \_\_\_\_\_

Department \_\_\_\_\_

Type of Voluntary Furlough \_\_\_\_\_  
(Hours Per Day, Days Per Week, Etc.)

Dates of Voluntary Furlough Request \_\_\_\_\_

\_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Second Level Supervisor Signature \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Executive Staff Member Signature \_\_\_\_\_