

# Local 88 Special Furlough Program

Local 88 Employees wishing to participate in the special furlough program need to complete and return this form to their supervisor. Requests will be considered on a first come first serve basis.

Name \_\_\_\_\_ SAP# \_\_\_\_\_

Dept. \_\_\_\_\_ Division \_\_\_\_\_

**Request for reduction in hours:** Please identify reduction request and period of time.

\_\_\_\_\_  
\_\_\_\_\_

**Request for Leave of Absence without Pay:** Please outline period requested below. Minimum of time off must be equivalent to employee's work week, except as provided in the current Memorandum of Exception between the County and Local 88. Time off in excess of one week is limited to blocks of 29 days.

\_\_\_\_\_  
\_\_\_\_\_

**Please provide total number of hours covered by furlough:** \_\_\_\_\_

**Please provide hourly wage (if known):** \_\_\_\_\_

Supervisor Response:

☐ Approved

☐ Denied

☐ Modified (provide brief explanation):

\_\_\_\_\_  
\_\_\_\_\_

Notes (if applicable):

\_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If approved, employee needs to sign. Employee's signature also confirms that they understand that furloughs of a payroll period or more may cause additional amounts deducted from paychecks to cover unpaid periods.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

After the supervisor signs the form approving the leave, supervisor needs to retain a copy and send original to your Department HR Office with copy to Labor Relations at 503/3/Kelli Schultz.