SOUTHERN UNIVERSITY AND A&M COLLEGE
BATON ROUGE, LOUISIANA

REQUEST TO SUBSTITUTE SCHEDULED MANDATORY FURLOUGH DATE

Position Title: _____ **Department** _____

Employee's Name: _____ **SSN/EID:** xxx-xx- _____

Reason for Request: _____

_____

_____

Current Date Scheduled: _____ Rescheduled Date: _____ No. of Hours: _____

NOTE: FOR BIWEEKLY EMPLOYEES-THE RESCHEDULED DATE MUST BE WITHIN THE SAME BIWEEKLY PAY PERIOD SO THAT THE EMPLOYEE WILL NOT INCUR TWO (2) MANDATORY NON-PAID WORKDAYS IN A FUTURE PAY PERIOD.

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Employee Certification

I, _____ understand and agree to the above stated change in my furlough schedule; that another day in this month will be set as a non-paid furlough day for me; and that I will be furloughed for a total of **176** hours between September 1, 2011 and June 30, 2012.

Employee's Signature: _____ Date: _____

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APPROVALS

Submitted by: _____ **Approved:** _____
Supervisor **Date** **Department Head** **Date**

Approved: _____
Human Resources **Date**

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CONFIRMATION BY HUMAN RESOURCES

Total Unpaid Furlough Hours Recorded for Position: _____ Total Hours Remaining: _____

Confirmed by: _____ Title: _____

Date

RESET FORM ***PRINT FORM***

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