



Alternate Furlough Day Request

Employee Name: _____ ADP Employee ID # _____

Department _____ Supervisor _____

Original furlough date: _____

*Replacement date: _____

Approvals Needed:

Supervisor/Dept Chair	_____	_____	_____
	Print Name	Signature	Date

Dean (if Applicable)	_____	_____	_____
	Print Name	Signature	Date

Division Vice President	_____	_____	_____
	Print Name	Signature	Date

Once approved, please return completed form to Human Resources - Aycock Hall #301.

*Please note the replacement day must take place within in the same payroll period. For bi-weekly employees the replacement day must take place within the same 2 week pay period. For monthly employees the replacement day must take place within the same calendar month.