



## Furlough Program Request and Approval Form

### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Empl ID: \_\_\_\_\_

For the period Aug 10, 2020 thru Aug 8, 2021 (if you have grant funding, use furlough. If no grant funding, use personal days:

Total Furlough Days/Hours Required \_\_\_\_\_ Total Personal Days \_\_\_\_\_

### Furlough Plan

Pay Period	Planned Furlough/Personal Hours/Days To be Taken	Approved
Aug 10, 2020 - Aug 23, 2020		
Aug 24, 2020 - Sep 6, 2020		
Sep 7, 2020 - Sep 20, 2020		
Sep 21, 2020 - Oct 4, 2020		
Oct 5, 2020 - Oct 18, 2020		
Oct 19, 2020 - Nov 1, 2020		
Nov 2, 2020 - Nov 15, 2020		
Nov 16, 2020 - Nov 29, 2020		
Nov 30, 2020 - Dec 13, 2020		
Dec 14, 2020-Dec 27, 2020		
Dec 28, 2020 - Jan 10, 2021		
Jan 11, 2021 - Jan 24, 2021		
Jan 25, 2021 - Feb 7, 2021		
Feb8,2021-Feb21,2021		
Feb22,2021-Mar7,2021		
Mar8,2021-Mar21,2021		
Mar 22, 2021 - Apr 4, 2021		
Apr 5, 2021 - Apr 18, 2021		
Apr 19, 2021 - May 2, 2021		
May 3, 2021 - May 16, 2021		
May 17, 2021 - May 30, 2021		
May 31, 2021 - June 13, 2021		
June 14, 2021 - Jun 27, 2021		
Jun 28, 2021- Jul 11, 2021		
Jul 12, 2021-Jul 25, 2021		
Jul 26, 2021- Aug 8, 2021		

Note: Grant funding is funding on a sponsored account only (must begin with a 3 or 4). To verify your funding, please contact Stacy Lauver (lauver@pharmacy.arizona.edu). Furlough time and personal time must be recorded on your timesheet on the days the time is taken.

Date Submitted

Date Approved

Approved by