



*Office of Human Resources,
Employee Diversity, and Wellness*

LUMP SUM FURLOUGH PAY REDUCTION REQUEST

Temporary Employees

(Request must be approved by the employee's supervisor and received in the Office of Human Resources, Employee Diversity, and Wellness no later than September 23, 2020)

Employee Name	CWID
Division/College/Department	
Email Address	Daytime Phone Number

Please select one of the two options below:

I request to have my salary decreased by 3.5%

I request to have my furlough pay reduced from my pay based on the actual days I take my furlough.* Further, I request approval to take my _____ days of furlough on the following consecutive work days, beginning on _____ and ending on _____.

I understand that I will not be able to change this option once it has been approved.

*(If employment ends prior to the dates designated as consecutive day pay reduction, the employee's last pay will be reduced by the furlough reduction amount that would have been applied if the employee's pay had been reduced in equal amounts in each pay period throughout the fiscal year. Employee's furlough pay reduction will not be more than an amount equal to 1 day per pay period and will be applied only through the last date of employment.)

Employee's Signature	Date
Supervisor's Signature	Date