

VOLUNTARY FURLOUGH PROGRAM REQUEST FORM

I am requesting a voluntary furlough. I understand that if my request is granted, I will not be paid for my furlough days, nor will I accrue paid leave. My health benefits I am enrolled in will continue at no cost to me. I also understand that if my request is granted, I may be called back to work depending on the needs of Oberlin College.

Requests will only be considered for approval if the planned leave is a minimum of 1-week of continuous increments (i.e. Monday through Friday)

Start date for requested voluntary furlough leave: _____

End date for requested voluntary furlough leave: _____

Job Type:

UAW OCOPE Safety Carpenters A&PS
Confidential

Check one:

___ 9-month employee ___ 10-month employee ___ 12-month employee

Printed Name: _____ T# _____

Email: _____ Phone Number: _____

Home Address: _____

Signature: _____ Date: _____

Supervisor Signature (required): _____ Date: _____

Please complete and return to Human Resources by email to

human.resources@oberlin.edu, or by mail to 173 W. Lorain St., Room 205,

Oberlin, OH 44074.

FOR OFFICE USE:

Human Resources Signature: _____ Date: _____