FURLOUGH REQUEST FORM

Rowan University participates in the State of New Jersey voluntary furlough program, which enables the University to approve unpaid time off with no loss of health benefits or seniority for extraordinary circumstances it deems necessary.

The voluntary furlough program is intended as a cost-saving mechanism to the University when needed. Furlough requests are not automatically granted. Each request is reviewed for fiscal and operational effectiveness, and is subject to approval. *

If you need additional information, see Furlough FAQ or contact Human Resources at ext. 4134.

I would like to participate in the voluntary furlough program. I would like to take my furlough on the following dates:

__________________________________________________________________________

Reason for furlough: _______________________________________________________

__________________________________________________________________________

__________________________________________  ________________________________  
Employee’s Signature & Date  Print Name & Rowan ID #

__________________________________________  ________________________________  
Supervisor’s Name & Date  Approve  Deny

__________________________________________  ________________________________  
Divisional Recommendation  Approve  Deny

__________________________________________  ________________________________  
Human Resources  Final Action  Date

* A Furlough will be denied if it results in increased costs due to overtime or the need
to appoint additional employees, or loss of anticipated revenue.