

**RAMAPO COLLEGE OF NEW JERSEY
PEOPLE OPERATIONS AND EMPLOYEE RESOURCES DEPARTMENT**

REQUEST FOR A VOLUNTARY FURLOUGH

NAME _____

TITLE _____

CORE _____

FURLOUGH DATES REQUESTED _____

Total number of requested days _____

Reason for requesting furlough (ex: family care needs, to extend a vacation, to stretch a holiday, to pursue educational opportunities, etc.)

Supervisor's Signature **Date**

Recommended _____
Disapproved _____

Reason if disapproved _____

Core Head Signature **Date**

Recommended _____
Disapproved _____

Reason if disapproved _____

People Operations & Employee Resources Signature **Date**

Recommended _____
Disapproved _____

Reason if disapproved _____
