

**California State University, Sacramento
2009-2010 Faculty Furlough Program
FALL 2009 REQUEST FORM FOR ACADEMIC-YEAR FACULTY**

Guidelines:

- No more than one (1) furlough day per week, and no more than two (2) furlough days each calendar month, with exception that one month in a year may have up to four (4) furlough days in a single month
- **Academic-Year faculty (Full-Time & Part-Time):** *9 furlough days in semester (08/26/09 – 01/04/10)*
- If furlough day falls on day when class is scheduled and faculty are teaching, faculty are encouraged to provide an alternate assignment for students.
- **Furlough day requests need to be submitted to your department chair no later than Friday, September 4.**

Requested Furlough Days: (Specify dates of requested academic workdays in each month.) Attach separate page noting workload reduction on requested days, such as committee assignments, student advising, office hours, department meetings. If furlough on teaching day, indicate alternate assignment for students (if any).

August	(Fall 2009 begins 08/26/09.)	_____	_____	_____
September		_____ [] Ck if teaching day	_____ [] Ck if teaching day	_____ [] Ck if teaching day
		_____ [] Ck if teaching day	_____ [] Ck if teaching day	_____ [] Ck if teaching day
October	(Oct. 16 is Campus Closure Day.)	_____ [] Ck if teaching day	_____ [] Ck if teaching day	_____ [] Ck if teaching day
		_____ [] Ck if teaching day	_____ [] Ck if teaching day	_____ [] Ck if teaching day
November		_____ [] Ck if teaching day	_____ [] Ck if teaching day	_____ [] Ck if teaching day
		_____ [] Ck if teaching day	_____ [] Ck if teaching day	_____ [] Ck if teaching day
December		_____ [] Ck if teaching day	_____ [] Ck if teaching day	_____ [] Ck if teaching day
		_____ [] Ck if teaching day	_____ [] Ck if teaching day	_____ [] Ck if teaching day
January	(Fall 2009 ends 01/04/10.)	_____		
Total Furlough Days for Fall 2009:		_____		

Pursuant to the Furlough Agreement dated July 28, 2009, between The California State University and the California Faculty Association (§5.b), I acknowledge and certify that:

- I will not work on an assigned or agreed upon furlough day; and
- I will not work beyond the duties assigned for the furlough week.

Name (Print): _____ Dept: _____
Signature: _____ Date: _____

Reviewed by

Department Chair's signature Date

APPROVED: [] Yes [] No (If "No," explain compelling operational need & provide/specify approved alternate dates.)

Dean's signature Date

cc: Payroll Services (SAC-161)

NOTE: FURLOUGH DATES ABOVE WILL BE ENTERED INTO CMS EACH MONTH FOR PAYROLL PROCESSING PURPOSES.

At the end of the year, furlough days requested/approved will be reconciled to furlough days taken to ensure compliance.

Faculty Employee's signature (at year-end to confirm furlough days taken) Date