



William Paterson University
Voluntary Furlough Request
Faculty

Employee Name: _____ Title: _____

College/Department: _____ Dean's Name: _____

Reason for Furlough Request: _____

Full Release for Semester Requested (<i>Indicate Semester Below</i>)	Reduction of Course Load Requested (<i>Specify Below</i>)

Faculty Member Certification: I certify that I have read, understand and agree to the terms and conditions of the Voluntary Furlough Program.

Signature: _____ Date: _____

Dean's Review: I have read and understand the terms of the Voluntary Furlough Program and recommend the following action.

Furlough Approved

Furlough Disapproved (Please note reasons below)

Signature: _____ Date: _____

Provost's Office Review: I have read and understand the terms of the Voluntary Furlough Program and recommend the following action.

Furlough Approved

Furlough Disapproved (Please note reasons below)

Signature: _____ Date: _____

