



Form: FRL-1
R. 03/26/12



PAYROLL REPORTING FORM FOR HOURS IN MANDATORY FURLOUGH WEEK

Pay Period: # _____

Furlough Week End Date: _____

Hours charged for the week of a furlough cannot exceed your standard hours for the week; as a reminder overtime is not allowed during the week of a furlough nor are additional straight time hours.

Dept: _____

Name: _____

Title: _____

		FURLOUGH WEEK						
EARN CODE		S	M	T	W	T	F	S
<i>MONTH and DAY OF WEEK →</i>								
Mandatory Furlough Hours	FRL							
Straight Time Hours <i>(Work Time)</i>	077							
Vacation Time Off	042							
Sick Time Off	043							
Comp Time Off	066							
Miscellaneous Time Off <i>(Doctor's Appointment)</i>	069							
Holiday Time Off	045							
Total Hours Per Day:	→							

This form must be completed for all work and time off hours in the week of a mandatory furlough, and must be approved by a supervisor or manager before submission to payroll.

The information provided in this form will be used by the employee's supervisor and payroll to verify accuracy and completeness of time entry.

Requests for time off for sick leave, FMLA, Military Leave, Jury Duty Pay, and Funeral Leave purposes require supporting documentation to be provided at time of request or no later than time entry due date for the end of the pay period for which the time off is requested.

Employee

Signature: _____

Date: _____

Supervisor's

Signature: _____

Date: _____

Distribution: Original to Payroll.