University of Wisconsin

FURLOUGH TIME REPORT

Name [redacted]	Title [redacted]	Time Report For SEPTEMBER 2009
Department [redacted]		Type [redacted]

Person ID [redacted]	Appt ID [redacted]	Payroll % 100.0	Pay Basis 12 MONTH

Instructions for Reporting Furlough

Complete report only when you have taken furlough hours. Include institution/campus designated furlough days. Submit to your supervisor within three business days after the last day on the report.

Furlough time must be used in minimum 2 hour increments and must total 8 hours in a week (Sunday–Saturday) for full time employees (prorated for part-time staff). No more than 8 hours (prorated for part-time staff) of furlough time can be used in any one week.

In the week in which furlough hours are taken, you must record all (1) Furlough, (2) Hours Worked, and (3) Paid Leave time for each of the 7 days in the week. Enter the sum in the Weekly Total field.

The Furlough Report does not replace the Leave Report used to report vacation, sick leave, etc. You must continue to complete the Leave Report every month.

DATE	FURLOUGH	HOURS WORKED	PAID LEAVE		DUE	10/07/09
*HOLIDAY						
SUN SEP 06, 2009						
*MON SEP 07, 2009						
TUE SEP 08, 2009						
WED SEP 09, 2009						
THU SEP 10, 2009						
FRI SEP 11, 2009						
SAT SEP 12, 2009					WEEKLY TOTAL	=
SUN SEP 13, 2009						
MON SEP 14, 2009						
TUE SEP 15, 2009						
WED SEP 16, 2009						
THU SEP 17, 2009						
FRI SEP 18, 2009						
SAT SEP 19, 2009					WEEKLY TOTAL	=
SUN SEP 20, 2009						
MON SEP 21, 2009		8				
TUE SEP 22, 2009		8				
WED SEP 23, 2009		8				
THU SEP 24, 2009		8				
FRI SEP 25, 2009	8					
SAT SEP 26, 2009					WEEKLY TOTAL	= 40
SUN SEP 27, 2009						
MON SEP 28, 2009						
TUE SEP 29, 2009						
WED SEP 30, 2009						
THU OCT 01, 2009						
FRI OCT 02, 2009						
SAT OCT 03, 2009					WEEKLY TOTAL	=
TOTAL HOURS	8	32				

Employee Signature: I certify that my time report is accurate. I understand that misrepresentation can lead to disciplinary action.	**Date**
Supervisor /Approving Authority Signature: I confirm the accuracy of the time report.	**Date**