University of Wisconsin

FURLOUGH TIME REPORT

Name	Title	Time Report For
EMPLOYEE, WISCONSIN	ADMIN PRG MANAGER II	JULY 2009
Department		Type
A400100 MSN/ENV ST/ADMINISTRATION/ADMIN		AS

Person ID	Appt ID	Payroll %	Pay Basis
XXXXXXXX	XXXXXXXX	100.0	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	08/05/09
*HOLIDAY						
SUN JUL 05, 2009						
MON JUL 06, 2009						
TUE JUL 07, 2009						
WED JUL 08, 2009						
THU JUL 09, 2009						
FRI JUL 10, 2009						
SAT JUL 11, 2009					WEEKLY TOTAL	=
SUN JUL 12, 2009						
MON JUL 13, 2009						
TUE JUL 14, 2009						
WED JUL 15, 2009						
THU JUL 16, 2009						
FRI JUL 17, 2009						
SAT JUL 18, 2009					WEEKLY TOTAL	=
SUN JUL 19, 2009						
MON JUL 20, 2009						
TUE JUL 21, 2009						
WED JUL 22, 2009						
THU JUL 23, 2009						
FRI JUL 24, 2009						
SAT JUL 25, 2009					WEEKLY TOTAL	=
SUN JUL 26, 2009						
MON JUL 27, 2009						
TUE JUL 28, 2009						
WED JUL 29, 2009						
THU JUL 30, 2009						
FRI JUL 31, 2009						
SAT AUG 01, 2009					WEEKLY TOTAL	=
TOTAL HOURS						

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**