

STATE OF NEW JERSEY

SELF-DIRECTED FURLOUGH (SDF) REQUEST

I, _____ am requesting to use an unpaid self-directed furlough day on the following date or dates:

I understand that my request for an unpaid self-directed furlough day or days ("SDF") will be reviewed in accordance with the Memorandum of Agreement between the State and the union that represents me or the State procedures that apply to me as a non-represented employee.

I understand that I am not required to take more than one SDF day in any workweek, or even in any two week pay period.

I understand that if my request would result in more than one SDF day in the same workweek, that it is my choice, and that I am asking my employer to accommodate my request.

I further confirm that my employer is not suggesting or requiring that I take more than one SDF day in any workweek.

EMPLOYEE'S SIGNATURE

Approved

Not Approved

SUPERVISOR'S SIGNATURE

DATE: _____