

UNIVERSITY OF ILLINOIS  
**ACADEMIC PROFESSIONAL FURLOUGH TIME SHEET**

**ACADEMIC MONTH (SELECT ONE):**

- January/February (1/16/2010 – 2/15/2010)     
  April/May (4/16/2010 – 5/15/2010)  
 February/March (2/16/2010 – 3/15/2010)     
  May/June (5/16/2010 – 6/15/2010)  
 March/April (3/16/2010 – 4/15/2010)     
 *Only for employees required to take a total of 10 furlough days.*

EMPLOYEE NAME:
UIN:
TITLE:

UNIT:
ORG #:
SUPERVISOR:

	DATE	WORK HOURS	FURLOUGH HOURS
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
	<b>TOTALS:</b>		

Employees are prohibited from working and/or providing services on a furlough day and from working additional hours during a furlough week to make up for the furlough.

I certify that the hours reflected above are true and accurate based on the hours I have worked this work week.

EMPLOYEE SIGNATURE:	DATE:
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**Departmental Use Only**

Supervisor Received Timesheet: _____	Date: _____
Supervisor Signature	
Follow-Up Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	