



**Classified Hourly/Intermittent
Mandatory reduction in hours
December 16, 2020 through June 15, 2021**

Name: _____ Employee ID: _____

Department: _____

Please designate your first choice of days for reduction in hours for the next six months. If your designations cannot be approved, your supervisor will assign an unpaid furlough schedule.

Please note you **must** take a reduced number of hours for the period of December 16, 2020 through June 15, 2021 during the furlough availability period:

- **Classified hourly/intermittent** will take a **reduction in hours** based on the average hours worked per day times the number six (6), which represents the maximum number of furlough days equivalent to the 4.6% salary reduction.
 - Reductions must be a minimum of 2 hours per month unless average hours worked per day is one hour.

Also note that overtime in the same work week that furlough occurs is not permitted.

PAY PERIOD	DATE/HOURS	DATE/HOURS*	TOTAL HOURS
December 16 – 31, 2020	/	/	
January 1 – 15, 2021	/	/	
January 16 – 31, 2021	/	/	
February 1 – 15, 2021	/	/	
February 16 – 28, 2021	/	/	
March 1 – 15, 2021	/	/	
March 16 – 31, 2021	/	/	
April 1 – 15, 2021	/	/	
April 16 – 30, 2021	/	/	
May 1 – 15, 2021	/	/	
May 16 – 31, 2021	/	/	
June 1- 15, 2021	/	/	
TOTAL HOURS			

***To be used if splitting furlough leave between different days for a given pay period.**

Changes made after this form is approved may only be made within the pay period for which the original permitted designation occurred, and must be approved by your supervisor.

I acknowledge that the reduction in hours is in effect over the next six months. The reduction in hours were mandated by the Nevada Assembly Bill 3.



Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Changes to furlough schedule are to be managed within the same pay period and documented on this form to be retained in the Department record.