## U.S. HOUSE OF REPRESENTATIVES FURLOUGH AUTHORIZATION FORM

	(Employing Office)					
	THE CHIEF ADMINISTRATIVE OFFICER OF THE HOUSE					
e in fur	lough status the following	employees upon lap	ose in funding un	til such time as regular funding resum		
	EMPLOYEE #	LAST NA	ME	FIRST NAME		
_	(Date)		(Signature of Authorizing Official			
=	itle – If Member, Distric	10	-	print name of Authorizing Official		

NOTE: Deadline is 5:00 pm September 30, 2013. Please mail or deliver this form directly to the Office of Payroll & Benefits in B-215 Longworth House Office Building.

## U.S. HOUSE OF REPRESENTATIVES ROTATING FURLOUGH AUTHORIZATION FORM

Offices may rotate (in no less than full-day increments) employees with the same or similar job duties so long as they use non-discriminatory criteria to determine the change in status.

Place in furlough status the following employees, who will be working on a rotating furlough during October, upon lapse in funding until such time as regular funding resumes:

EMPLOYEE #	LAST NAME	FIRST NAME	October Furlough Dates				
<b>EXAMPLE: 000001</b>	DOE	JOHN	Oct. 3, 5, 9, 15				
(Date	e)	(Signat	ure of Authorizing Official)				
(Title – If Member, District and State) (Type or print name of Authorizing Official)							

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