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

## FROM:

## (Employing Office)

## TO: THE CHIEF ADMINISTRATIVE OFFICER OF THE HOUSE

Place in furlough status the following employees upon lapse in funding until such time as regular funding resumes:

| EMPLOYEE \# | LAST NAME | FIRST NAME |
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## 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 January, upon lapse in funding until such time as regular funding resumes:

| EMPLOYEE \# | LAST NAME | FIRST NAME | January Furlough Dates |
| :--- | :--- | :--- | :--- |
| EXAMPLE: 000001 | DOE | JOHN | Jan. 23, 26, 27, 28 |
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(Date)
(Signature of Authorizing Official)
$\overline{\text { (Title - If Member, District and State) }}$
(Type or print name of Authorizing Official)

NOTE: Please mail or deliver this form directly to the Office of Payroll \& Benefits in B-215 Longworth House Office Building.

