U.S. HOUSE OF REPRESENTATIVES FURLOUGH AUTHORIZATION FORM

	(Employing Office	ce)	
CHIEF ADMIN	ISTRATIVE OFF	ICER OF THE	HOUSE
the following en	nployees upon lapse	e in funding unti	l such time as regular funding resume
EE#	LAST NAMI	E	FIRST NAME
(Date)		(Signature of Authorizing Official	
	the following en	The following employees upon lapse the following em	CHIEF ADMINISTRATIVE OFFICER OF THE the following employees upon lapse in funding unti EE # LAST NAME

NOTE: 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 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	
(Date	e)	(Signat	ure of Authorizing Official)	
-				
(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.