**FURLOUGH CHECKLIST**

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| --- | --- |
| **Employee Name & ID** | **Department** |
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| --- | --- | --- | --- |
| **The following tasks have been completed:** | | **Employee**  **Initials Date** | |
| Reviewed furlough information from HR | * Yes * No |  |  |
| Reviewed FREQUENTLY ASKED QUESTIONS Regarding Furloughs, Pay Reductions and other Financial Challenge Mitigation Strategies | * Yes * No |  |  |
| Reviewed expectations while you are on furlough with your supervisor | * Yes * No |  |  |
| Reviewed day of return with your supervisor | * Yes * No |  |  |
| Placed an “Unavailable” response on your UofL e-mail account containing contact information for your department | * Yes * No |  |  |
| Placed an “Unavailable” response on your UofL voice mail containing contact information for your department | * Yes * No |  |  |
| Forwarded any incoming phone calls to the appropriate department representative | * Yes * No |  |  |
| Informed Immediate staff informed who to contact while out on furlough | * Yes * Not Applicable |  |  |
| Returned ProCard and all pertinent logs, if responsible | * Yes * Not Applicable |  |  |
| Provided electronic backup from your computer including significant emails to your supervisor or other staff member | * Yes * No |  |  |
| Provided files. documents, and other materials to your supervisor or other staff member | * Yes * No |  |  |
| Reviewed status of current projects/events/programs with supervisor | * Yes * No |  |  |
| Reviewed calendar and noted any standing appointments that will need to be covered while on furlough | * Yes * No |  |  |
| Rescheduled/reassigned/canceled appointments and meeting | * Yes * No |  |  |
| Communicated and worked with your supervisor to ensure your work assignments are managed properly | * Yes * No |  |  |
| Met with supervisor to review all e-mail needed for active project(s), retention, forwarding to other teammates, etc. | * Yes * No |  |  |
| Understand directions provided by HR for unemployment payment(s) | * Yes * No |  |  |
| Submitted any outstanding travel expense receipts and/or reports | * Yes * Not Applicable |  |  |
| Other: | * Yes * No |  |  |
| Other: | * Yes * No |  |  |
| Other: | * Yes * No |  |  |

My signature below certifies that all requirements have been satisfied.

|  |  |  |
| --- | --- | --- |
| Employee Signature | Employee Name, Printed | Date |
|  |  |  |

A copy of this completed form should be submitted to the supervisor for the employee’s personnel file.