

**California State University, Fresno  
2009-2010 Faculty Furlough Program  
FALL 2009 CERTIFICATION BY FACULTY MEMBER**

In accordance with Paragraph 5.b. of the Furlough Agreement dated July 28, 2009, between The California State University and the California Faculty Association, I certify that:

- i. I will not work on mutually agreed or assigned furlough days; and
- ii. I will not work beyond the duties assigned for any week in which I have one or more furlough days.

Print name: \_\_\_\_\_ Dept: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions for selecting proposed furlough days:**

- Scheduling of furlough days is by mutual agreement between the faculty member and dean (or other appropriate administrator, if applicable). Submit proposed dates to your department chair, who will forward the request to the college or school dean.
- September 4 and December 11, 2009, are presidentially-designated days. Propose seven (7) additional furlough days for the fall semester. (Spring furlough days will be arranged separately.)
- Propose no more than two (2) furlough days per month, inclusive of any presidentially-designated day(s); and no more than one (1) furlough day per week.
- As a one-time exception to these limitations, you may observe up to four (4) furlough days in a single calendar month, including up to four (4) furlough days in a single week of that month, during AY 2009-2010.

<b>Proposed faculty furlough days:</b>	<b>Are any of these proposed furlough days instructional days? If so, specify the affected classes:</b>
August _____	_____
September 4 _____	_____
October _____	_____
November _____	_____
December 11 _____	_____
<b>Total Days Fall:</b> _____	

My salary is partially or fully-funded by grant(s) or contract(s), which have been fully-approved. I have attached a copy of the completed RTC with all signatures. I have been released \_\_\_\_\_ wtu for Fall 2009. (Example 3 wtu or 6 wtu)

**RECOMMENDED:** Yes  No

\_\_\_\_\_  
Department Chair's Signature Date

**APPROVED:**

\_\_\_\_\_  
Dean's (or other appropriate administrator's) Signature Date

**REMINDER: REPORT MONTHLY FURLOUGH DAYS IN ABSENCE MANAGEMENT**

Completed original will be placed in your Open Personnel File five days after copy is delivered to faculty member.

**COPIES:** Faculty Member  
Department Chair  
Academic Personnel (MS ML55)