

(SAMPLE)

REQUEST FOR VOLUNTARY PERSONAL LEAVE PROGRAM (VPLP)

NAME:	DIVISION/UNIT:
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PART 1: EXCLUDED EMPLOYEES. VPLP CONDITIONS 1-10 BELOW APPLY.
 I request approval to participate in the VPLP for: 1 day (8 hours) 2 days (16 hours)
 I understand my pay will be reduced equivalent to the number of day(s) I have selected and VPLP credits will be available to use on the first day of the monthly pay period following each month of participation in the VPLP.

PART 2A: RANK-AND-FILE EMPLOYEES R01, R03, R04, R05, R09, R10, R11, R14, R15, R16, R17, and R20. ONLY VPLP CONDITIONS 7-10 BELOW APPLY.
 I elect to participate in the VPLP for: 1 day (8 hours)
 I understand my pay will be reduced equivalent to 1 day and VPLP credits will be available to use on the first day of the monthly pay period following each month of participation in the VPLP.

PART 2B: RANK-AND-FILE EMPLOYEES R19 AND R21. ONLY VPLP CONDITIONS 5-10 BELOW APPLY.
 I elect to participate in the VPLP for: 1 day (8 hours) 2 days (16 hours)
 I understand my pay will be reduced equivalent to the number of day(s) I have selected and VPLP credits will be available to use on the first day of the monthly pay period following each month of participation in the VPLP.

PART 2C: RANK-AND-FILE EMPLOYEES R10. ONLY VPLP CONDITIONS 5-10 BELOW APPLY.
 I elect to participate in the VPLP for: 1 day (8 hours) 2 days (16 hours) 3 days (24 hours)
 I understand my pay will be reduced equivalent to the number of day(s) I have selected and VPLP credits will be available to use on the first day of the monthly pay period following each month of participation in the VPLP.

- PART 3: VPLP CONDITIONS**
 I understand that the following conditions apply to the VPLP:
1. Participation in the program is on a voluntary basis, subject to approval of my supervisor.
 2. Only permanent, full-time employees can participate in the program.
 3. The department reserves the right to cancel the program on a departmental, subdivisional, or individual basis at any time with thirty (30) days notice to participating employees.
 4. Should I transfer to another department, my continued participation in the program will be at the discretion of the new department.
 5. I must remain in the program for twelve (12) months or unless the department establishes a lesser time period.
 6. Request to cancel participation will only be granted in cases of a financial hardship and must be approved by my supervisor.
 7. Personal Leave must be requested and used in the same manner as vacation or annual leave.
 8. There will be no impact on my benefits, leave credits, State service credit, or the final compensation used to calculate my State retirement benefits.
 9. Should I be placed on Industrial Disability Leave, Non-Industrial Disability Leave, or Workers' Compensation for an entire monthly pay period, I will be excluded from the VPLP for that month.
 10. Personal Leave shall not be included in the calculation towards the cap for vacation or annual leave balances.

I have read and understand the program conditions described in Part 3 above and accept the unpaid personal leave days as requested in Part 1 (Excluded Employees) or Part 2A, 2B, 2C (Rank-and-File Employees).

Employee Signature: _____ Date: _____

EXCLUDED EMPLOYEE APPROVALS:

Supervisor Signature: _____ Date: _____

Division Chief Signature: _____ Date: _____