



STATE OF CALIFORNIA
 REQUEST FOR VOLUNTARY PERSONAL LEAVE PROGRAM (VPLP)
 PUBLIC UTILITIES COMMISSION

EMPLOYEE LAST NAME	FIRST NAME	M.I.	DIVISION
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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)
 For BU2 and BU9, I request approval 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 numbers 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, R04, R11, R14] – 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 [R09] – 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 numbers 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 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, sub divisional, or individual basis at any time within 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 Worker’s Compensation for an entire 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.
 11. Personal Leave hours for all Bargaining Units maximum is 240 hours. Upon reaching that limit, the employee shall be removed from VPLP for a minimum of 12 months and until the VPLP balance is reduced to 120 hours.

PART 4: CANCEL PARTICIPATION IN THE VPLP

Check this box if you wish to cancel participation in the VPLP.

EMPLOYEE ACKNOWLEDGEMENT

I have read and understand the program conditions described in Part 3 above and accept the unpaid personal leave days as requested.

EMPLOYEE SIGNATURE DATE

EXCLUDED EMPLOYEE APPROVAL

SUPERVISOR’S SIGNATURE DATE

OFFICE OF HUMAN RESOURCES USE ONLY

DATE RECEIVED EFFECTIVE DATE OF VPLP PERSONNEL SPECIALIST SIGNATURE DATE

VPLP Requests received in the HR Office on or before the 10th of the month will be effective the first day of the current pay period. Any requests received after the 10th of the month will be effective the first day of the following pay period.