

VACATION LEAVE ADVANCE PROGRAM PROCEDURE

Any employee eligible to accrue vacation may be granted an advance of vacation leave of up to forty (40) hours to cover unusual circumstances. Such vacation leave advance may be granted only when the employee does not have sick leave or vacation credits to cover the absence. The recommendation is made by the department head/division leader for approval by the Associate Director, Strategic Human Resources Management.

1. Written request shall be submitted using the “Vacation Leave Advance Request” form along with description of the unusual circumstance requiring the need for the vacation advance to the Vacation Advance Coordinator in Human Resources, Benefits Group, L-640.
2. The Vacation Advance Coordinator shall review each request for compliance to the Vacation Advance Policy, and shall forward to the Associate Director, Strategic Human Resource Management for approval.

Upon approval, the Vacation Advance Coordinator shall notify the employee that the request has been approved.

3. The total amount of vacation advance may not exceed 40 hours or a lesser amount sufficient to ensure the continuance of regular compensation.

The **Employee** must agree to repay vacation leave advance upon the earlier of: (1) return from leave from offsets to future vacation accrual or (2) Within 60 days of termination of employment by direct repayment of any remaining unpaid balance.

NOTE: Use of advanced vacation leave does not represent time on pay status. If taken [or ‘used’] around a holiday, the employee may not be eligible for Holiday Pay. Refer to [301 Holiday Policy](#) for details.

VACATION LEAVE ADVANCE REQUEST

EMPLOYEE NAME: _____ EMPLOYEE ID NUMBER: _____
Print (Last, First Name, MI)

Work Phone: _____ Home Phone: _____
Payroll Acct: _____ Supervisor Name: _____
Exempt Employee _____ Non-Exempt Employee _____ Work Phone: _____
Work Schedule: _____
(i.e., 5/40, 9/80, etc.)

I am will be on vacation leave for the following dates:

Date From _____ Date To: _____

I am requesting vacation leave advance due to the following unusual circumstance:

I will require _____ (not to exceed 40) hours of vacation leave during this absence.

☐ I have not previously requested VLA. ☐ I have previously requested VLA (approximate date) _____

I understand that as a condition of receipt of any vacation leave advance I agree that, if I terminate employment prior to the total repayment of this vacation leave advance, I will pay the remaining unpaid balance, if any, within 60 days of the termination date.

Please check:

☐ I acknowledge that I have read the [302 Vacation Policy](#) and understand that Vacation Leave Advance does not represent time on pay status.

Employee's Signature

Date

Division Leader/Department Head

Date

OFFICAL USE:

Verified vacation hours _____ sick leave hours _____ As of date: _____

Approved advance of _____ hours: _____ Denied Leave Advance:

Human Resources Representative

Date

Associate Director, Strategic Human Resources Management

Date

Return form to: Vacation Advance Coordinator L-640 or by FAX to (925) 422-8287