



DEPARTMENT OF FISH AND GAME



**REQUEST FOR  
VOLUNTARY PERSONAL LEAVE PROGRAM (VPLP)**

PART 1: EMPLOYEE INFORMATION	
NAME:	DIVISION/REGION/BRANCH:
CLASSIFICATION:	TELEPHONE NUMBER:

**PART 2: EXEMPT AND EXCLUDED EMPLOYEES: VPLP CONDITIONS 1-9 BELOW APPLY**

I request approval to participate in the VPLP for :  1 day (8 hours)

**PART 3: RANK-AND-FILE EMPLOYEES R01, R04, R09, and R11: ONLY VPLP CONDITIONS 6-10 BELOW APPLY**

I elect to participate in the VPLP for:  1 day (8 hours)

**PART 4: RANK-AND-FILE EMPLOYEES R10: ONLY VPLP CONDITIONS 6-11 APPLY**

I elect to participate in the VPLP for:  
 1 day (8 hours),  2 days (16 hours),  3 days (24 hours)

**PART 5: VPLP CONDITIONS**

I understand that the following conditions apply to the VPLP:

1. Only permanent, full-time employees can participate in the program.
2. 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.
3. Should I transfer to another department, my continued participation in the program will be at the discretion of the new department.
4. I must remain in the program for twelve (12) months.
5. Request to cancel participation will only be granted in cases of a financial hardship and must be approved by my supervisor.
6. Personal Leave must be requested and used in the same manner as vacation or annual leave.
7. There will be no impact on my benefits, leave credits, State service credit, or the final compensation used to calculate my State retirement benefits.
8. 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.
9. Personal Leave shall not be included in the calculation towards the cap for vacation or annual leave balances.
10. Employees may not accumulate more than 240 hours of VPLP.
11. BU 10 employees may modify VPLP election on a quarterly basis.

**PART 6: EMPLOYEE SIGNATURE/DATE**

I understand my pay will be reduced equivalent to my election 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. I have read and understand the program conditions described in Part 5 above.

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

**HUMAN RESOURCES BRANCH (FOR HRB USE ONLY)**

Personnel Specialist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_