



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 request is approved by the employee's supervisor and submitted for approval to the Absence Administrator, Human Resources, or designee.

1. Written request shall be submitted using the "Vacation Leave Advance Request" form along with description of the unusual circumstance. Email form to llnl-benefits@llnl.gov.
2. The Vacation Advance Coordinator shall review each request for compliance to the Vacation Advance Policy.
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. Minimum amount requested cannot be below 8 hours. **Requests should be submitted no earlier than four weeks prior to the start of the absence.**

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 Number:

Work Phone:

Supervisor Name:

Payroll Pay Group:

(DB, MO, BW, BW9)

Exempt Employee

Non-Exempt Employee

I will be on vacation leave for the following dates, include the total duration of the absence:

Date From:

Date To:

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

I will require _____ (not to exceed 40 and minimum amount cannot be below 8 hours) hours of vacation leave during this absence. All current and future accruals need to be included when calculating the needed vacation hours. For reference, view the Absence Forecasting Calculator Tile in LAPIS.

☐ 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 Electronic Signature

Date

Supervisor's Electronic Signature

Date

OFFICAL USE:

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

Approved advance of _____ hours:

Absence Administrator/Human Resources
Representative

Date

Return form to: llnl-benefits@llnl.gov

Revised 5/23