



**TEMPORARY VOLUNTARY UNPAID
LEAVE REQUEST**

State Form 54154 (R2 / 6-20)



**Indiana State
Personnel Department**

1. Complete and submit form to designated Supervisor requesting up to thirty (30) hours of temporary voluntary unpaid leave per pay period to be used during preapproved dates/times. Temporary voluntary unpaid leave may not encompass an entire pay period and must be used in combination with regular hours worked, accrued leave, or compensatory time off to maintain active employee (in pay) status. Overtime eligible employees cannot have a work schedule that results in overtime compensation unless overtime work has been expressly assigned and approved.
2. Requests for leave must be submitted no later than the end of the pay period prior to the date(s) of requested leave, or may encompass multiple pay periods in an established pattern of use.
3. Temporary voluntary unpaid leave approvals made more than one pay period in advance will be reviewed, at minimum, every thirty (30) days.
4. Approvals may be discontinued by management at any time based on a failure to maintain satisfactory performance, scheduling or operational needs, and will expire upon the termination of this program.
5. Leave will be used in accordance with SPD's Temporary Voluntary Leave policy.

Employee's Name		People Soft Identification (PSID) Number	
Agency		Supervisor's Name	
Telephone Number	E-mail Address		

I propose the following schedule of work and temporary voluntary unpaid leave. I understand my schedule will not be final until approved by my supervisor, who will maintain the ability to make changes to meet operational and scheduling needs.

The following schedule request applies from _____ (month, day, year) to _____ (month, day, year).

Total work hours per week _____ proposed. Total leave hours per week _____ requested.

Week 1

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Work							
Leave							

Week 2

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Work							
Leave							

I will complete my timesheet in accordance with instructions and approvals below.

Time reporting instructions: Attendance reports completed for pay periods in which unpaid leave under this program is taken must identify the unpaid leave on the appropriate day(s) using the Time Reporting Code "Temporary Voluntary Unpaid Leave (VUL)".

Employee's Signature (A typed signature is sufficient.)	Date of Request (month, day, year)
Supervisor's Name	Date of Approval (month, day, year)