

LOS ANGELES UNIFIED SCHOOL DISTRICT

Accounting & Disbursements Division

FISCAL YEAR 2022-23 REQUEST FOR VACATION WAIVER FORM

In accordance with District policy and bargaining unit agreements, no employee is permitted to accumulate more vacation hours than that which he/she earns in eighteen months. Once an employee's vacation hours balance reaches his/her maximum allowed vacation cap, vacation hours will cease to accrue.

Conditions for the Vacation Waiver Request

1. Employee must have filed a vacation schedule/calendar.
2. Employee must have requested the specified vacation time off within the vacation calendar.
3. Supervisor must have approved the vacation time off per the employee vacation schedule/calendar (or failed to respond to the vacation request).
4. Supervisor later prevents or prohibits the employee from taking vacation previously approved.
5. Employee must be at their cap to request a waiver.

Supporting Documents Required to Accompany Submission of a Vacation Waiver Request

1. A copy of the approved employee vacation schedule/calendar or documentation acknowledging failure to respond to employee request.
2. A copy of the documentation denying the vacation after it was previously approved.
3. A revised and approved employee schedule/calendar indicating when those denied vacation hours will be used within a twelve month period.

Instructions for How to Request a Vacation Waiver

1. Ensure that the above conditions for the vacation waiver request are met.
2. Employee must submit their request for vacation waiver form no later than three months after the preapproved hours were denied.
3. Download the Excess Vacation Hours Waiver Form.
4. Complete all the fields and obtain required signatures (Administrator and Regional Superintendent or Division Head).
5. Gather all the required documents that will need to be submitted:
 - o Completed and signed Excess Vacation Hours Waiver Form
 - o Copy of the approved Certificated/Classified Employee Vacation Schedule/Calendar that includes the specified vacation time off
 - o Documented proof of denied previously approved vacation
 - o Copy of the revised and approved Certificated/Classified Employee Vacation Schedule/Calendar indicating when those denied vacation hours will be used within a twelve month period
6. Go to the link provided in the form for the online submission and follow the prompts to upload the Excess Vacation Hours Waiver Request Form and supporting documents.
7. All required documents must be submitted online. Incomplete or missing document(s) will not be accepted.
8. Upon submission, your vacation waiver request will be reviewed.
9. An email notification will be sent to your LAUSD email account with a status of your request.
10. Approved vacation waiver will be effective from the last day of the pay period in which the denied vacation would have been used until twelve months thereafter.
11. Hours on the approved Excess Vacation Hours Waiver Request Form will increase the vacation cap by that value. Additionally it will allow the employee to continue to accrue vacation hours up to the revised cap for the duration of the waiver.
12. Upon separation from service, the lump sum vacation payout will not exceed the vacation cap. Waived hours will not be included the lump sum vacation payout.
13. Payroll will process approved vacation waivers accordingly, within 1-2 month pay cycles.

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EXCESS VACATION HOURS WAIVER REQUEST FORM

In accordance with District policy and the bargaining unit agreements, no employee is permitted to accumulate more vacation hours than that which he/she earns in eighteen months. Once an employee's vacation hours balance reaches his/her maximum allowed vacation cap, vacation hours will cease to accrue. An employee who is **prevented or prohibited from taking previously approved vacation** may have their respective administrator complete this form to request to have their cap waived for those hours. In order to be considered for approval, waived hours **must** be taken within a twelve-month period.

NOTE: Approved waivers will add back approved excess hours and increase cap by that value for a twelve-month period.

Employee ID No. Last Name First Name

Supervisor Name Supervisor Contact Phone No.

Region/Division Name Work Location/Site Name

Vacation Hours requested to be waived: _____

Justification (Explain why your employee was unable to take his/her previously approved vacation; use separate sheet, if needed): _____

Completed form must be uploaded to the link provided below **along with the following documents**. Incomplete requests will **not** be accepted:

- Proof of the previously approved vacation,
- Copy of documentation denying the vacation after it was previously approved, **and**
- Copy of revised and approved Certificated/Classified Employee Vacation Schedule indicating when those denied vacation hours will be used within a twelve-month period

Administrator Name (Please print) Administrator Signature Date

Regional Superintendent or Division Head Name (Please print) Regional Superintendent or Division Head Signature Date

Completed form and all supporting documents must be submitted and uploaded to
<https://achieve.lausd.net/vacationwaiverrequest>