

Unpaid Leave of Absence Request Form

Please complete this form to request an unpaid leave of absence. Submit the completed and signed form to your supervisor and Human Resources for approval. This form is designed for printing and manual signature.

Employee Information

Employee Full Name:

Employee ID:

Department:

Job Title:

Supervisor Name:

Leave Request Details

Leave Start Date (MM/DD/YYYY):

Leave End Date (MM/DD/YYYY):

Expected Return to Work Date (MM/DD/YYYY):

Total Number of Unpaid Days Requested:

Reason for Requesting Unpaid Leave:

Employee Acknowledgment

I understand that this request is for unpaid leave. I acknowledge that my benefits may be affected during this period, and I agree to make any necessary arrangements with Human Resources regarding benefit payments. I also understand that failure to return to work on the specified date without prior authorization may result in disciplinary action, up to and including termination of employment.

Employee Signature: Date:

Approval Signatures (For Employer Use Only)

Supervisor Recommendation: Approved Denied

Supervisor Signature: Date:

Supervisor Comments:

Human Resources Action: Approved Denied

Human Resources Signature: Date:

HR Comments: