

# Unpaid Time Off Request Form

## Employee Information

- Full Name: \_\_\_\_\_
- Employee ID: \_\_\_\_\_
- Department: \_\_\_\_\_
- Manager: \_\_\_\_\_
- Date of Request: \_\_\_\_\_

## Unpaid Leave Details

- Start Date of Unpaid Leave: \_\_\_\_\_
- Expected Return Date: \_\_\_\_\_
- Total Number of Unpaid Days: \_\_\_\_\_

## Reason for Unpaid Leave

- \_\_\_\_\_
- \_\_\_\_\_

## Employee Acknowledgment

- I understand that this request is for unpaid leave and that my benefits and compensation may be affected during this time.
- Employee Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

## Manager/Supervisor Approval

- Manager Decision:
  - Approved
  - Denied
- Manager's Signature: \_\_\_\_\_

- Date: \_\_\_\_\_