**Unpaid Leave of Absence Request Form**

**Purpose:** Use this form to request a period of leave without pay when paid leave is exhausted.

1. **Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name | John Smith | Employee ID | 10245 |
| Department | Marketing | Position | Marketing Associate |
| Supervisor / Manager | Lisa Adams | Contact Number | +1 555-987-1234 |
| Email | john.smith@email.com | | |

1. **Leave Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Leave Requested | Unpaid Leave of Absence | Reason for Leave | Family Medical Care |
| Start Date of Leave | 15-Dec-2025 | End Date of Leave | 31-Dec-2025 |
| Total Number of Days | 12 | Paid Leave Balance Remaining | 0 |

**C. Employee Acknowledgment**

* I understand that this leave will be **unpaid**.
* I acknowledge that my **benefits may be affected** during the unpaid leave period, according to company policy.
* I agree to return to work on the agreed date unless an extension is approved.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Supervisor / Manager Approval**

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor Name |  | Approval Status | ☐ Approved ☐ Denied |
| Comments / Conditions |  | | |
|  | | |
| Supervisor Signature |  | Date |  |

1. **HR Department Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| HR Review Completed By |  | | |
| HR Comments |  | Payroll Notified | ☐ Yes ☐ No |
| HR Signature |  | Date |  |

**Instructions:**

1. Employee completes Sections A & B and submits to their Supervisor.
2. Supervisor reviews, fills Section D, and forwards to HR.
3. HR verifies policy compliance, records in payroll, and communicates approval or denial to the employee.