Unpaid Leave Approval Form

Employee Name	
Employee ID	
Department	
Position	
Leave Start Date	
Leave End Date	
Total Days Requested	
Reason for Unpaid Leave	
Frankley as Signature	
Employee Signature	
Date of Application	
Date of Application	
Manager Approval	
ivialiagei Appioval	▼
Manager Comments	
Manager Signature	
Date of Approval	