## **Unpaid Leave of Absence Request Form**

| Employee Name       |
|---------------------|
|                     |
| Employee ID         |
|                     |
| Department          |
| Position            |
|                     |
| Leave Start Date    |
|                     |
| Leave End Date      |
|                     |
| Reason for Leave    |
|                     |
|                     |
|                     |
| Additional Comments |
|                     |
|                     |
| Date of Request     |
|                     |
| Employee Signature  |
|                     |
|                     |