TimeClick®

Unpaid Leave Request Form

Company name: _____

Employee information

Employee name: _____ Employee ID: _____

Department: _____ Supervisor: _____ Date submitted: _____

Type of leave (check one)

☐ Personal leave ☐ Family or medical leave ☐ Military leave ☐ Other: _____

If this leave is for your own serious health condition, a family member's, a new child or a military family need, tell HR. It may be covered by the Family and Medical Leave Act (FMLA) or a state leave law, which have their own rules.

Dates and hours

First day off: _____ Last day off: _____ Return to work: _____

Total hours or days requested: _____

Paid leave

Paid leave balance today (hours): _____ ☐ I've used my paid leave, or I don't have any

☐ I'd like to use _____ hours of paid leave first, then unpaid leave

Reason (optional unless your policy requires it)

_____

_____

Employee acknowledgment

I understand this time off is unpaid, and that my pay, and possibly my benefits, may be affected while I'm away. I'll contact my supervisor if my return date changes.

Signature: _____ Date: _____

Manager decision

☐ Approved ☐ Approved with changes: _____

☐ Denied. Reason: _____

Manager name: _____

Signature: _____ Date: _____

Payroll or HR use

Entered in time records on: _____ By: _____

Benefits or deductions affected: ☐ Yes ☐ No

Note for salaried exempt employees: under federal rules, unpaid personal leave is deducted from an exempt salary in full days only.