



Additional Unpaid Leave Request Form

Colleague Name:	Payroll No:
Leave Year:	Line Manager:
Location:	

This form should be used only for additional unpaid leave requests, as per the Annual Leave Policy.

Please complete this form, indicating how many days you are requesting to be taken as unpaid leave up to a maximum of two weeks. The form should be signed by the colleague and line manager and then stored on the colleagues personnel file. Please ensure that a record is kept by the colleague and line manager.

Requests to combine this unpaid leave with any “banked” holiday or other unpaid leave must be approved by the colleague’s head of department prior to submission to PSG.

No of Hrs/days Requested	Date of Request	Signed: Colleague	Signed: Line Manager	Signed: Head of Department	Received in PSG

Policy name:	Additional Unpaid Leave Request Form	Date of last review:	February 2020
Policy owner:	PSG	Issue number:	PSG-CB-001