

Unpaid Leave request Form – UL1

Please complete this form, indicating how many days/weeks you are requesting to take as unpaid leave as per the relevant leave policy. If an urgent or immediate family need arises and you are unable to pre-request carers leave, the form must be completed on your return to work.

This form should be signed by your line manager and stored on your personnel file. The absence must be recorded on Kronos.

| | |
|-----------------|--|
| Colleague Name: | |
| Line Manager: | |
| Location: | |
| Employee Number | |

| Hours/days requested | Start date | End date | Date of request | Reason for leave request |
|----------------------|------------|----------|-----------------|--------------------------|
| | | | | |

Colleague signature _____

Date_____

Managers comments

I can confirm that your request to take unpaid leave on the above dates has been:

Agreed Declined

(Please note, requests will only be rejected where the request for time off may significantly impact the business operations)

Signature_____

Date_____

Note to manager:

If you approve the request, you should store this form in the colleagues personnel file on IFS. The period of leave must be recorded in Kronos using the correct pay code, please also add a comment to explain the reason for time off.

If you have any concerns about the request, you must speak to the HR advisor for your business group.