

Date:/...../20....

[Company name]
Human Resources

UNPAID LEAVE REQUEST

I work in the [Department] department as [Job title]. Due to [Reason], I would like to take a total of [Number of days] days of unpaid leave between [Start date] and [End date]. I will return to work on [Return date].

I understand that no wages will be paid for this period, that it will be reported to the Social Security Institution (SGK) as missing days, and that my annual leave entitlement date will be postponed by the length of the unpaid leave.

I kindly ask for your approval.

Full name:
Employee number (if any):
Signature:

Manager approval

Name:

Signature:

Date:

Human Resources

Name:

Signature:

Date:

Unpaid leave of up to 6 months after birth (Art. 74), half-time work (Art. 74) and travel leave (Art. 56) are statutory rights; cite the relevant article when requesting them.