

**REQUEST FOR TIME OFF WITHOUT PAY  
(NON FMLA)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

I hereby request the following dates as time off without pay:

Beginning date: (first date off without pay) \_\_\_\_\_

Expected date of return: \_\_\_\_\_

Purpose for request: \_\_\_\_\_  
\_\_\_\_\_

I understand that upon my return on or before the above expected date of return I will be granted an equivalent position, but not necessarily the same position or the same shift.

I understand that if I fail to return to work on the expected return date and do not obtain an authorized extension to my request for time off without pay, it will be assumed that I do not expect to return to work and therefore I have voluntarily terminated my employment.

I understand that vacation, sick time and holiday benefits will not be granted during my unpaid time off.

I understand that I will be responsible for the full cost of my insurance benefits (if any) during the term of my unpaid time off.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Staff Development

Approved by: \_\_\_\_\_  
Executive Director