Unpaid parental leave form

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| --- | --- |
| Employee Name |  |
| Department |  |
| Reason for leave request |  |
| Unpaid leave start date |  |
| Unpaid leave end date  |  |
| Number of weeks intended to take |  |
| Employment start date |  |
| Is the child/children under 18? |  |
| Is the employee named on the birth/adoption certificate or expect to have parental responsibility? |  |

Signed……………………………………………………………………. Date……………………………………………………………………………..

Please note, this request is not accepted until confirmed by HR. Please submit your form to HR via email on askHR@ltn.aero. If you are unable to do this, please give the form to your line manager who can scan the form to HR.