

RISK MANAGEMENT SERVICES (CHILTERN) LIMITED

UNPAID LEAVE OF ABSENCE REQUEST

FULL NAME (PRINT)

YOUR PIN NUMBER

DATE REQUEST MADE

**XRAY NUMBER WHICH YOU
REGULARLY WORK AT**

**STATE FULL-TIME /
PART-TIME EMPLOYEE**

**DATE
HOURS OF SHIFT(S) REQUESTED AS
UNPAID LEAVE**

SIGNATURE OF EMPLOYEE

**CONTROLLER WHO HAS ENTERED
DETAILS ON SYSTEM**

ANY UNPAID LEAVE SHOULD BE REQUESTED 3 WEEKS IN ADVANCE