REQUEST FOR AN UNPAID LEAVE

|  |  |
| --- | --- |
| **Name and surname, academic degree:** |  |
| **Employee ID number:** |  |
| **Constituent part:** |  |

I request to be provided with an unpaid leave starting on ……………… and lasting until ………………….. inclusive, due to:

1. care for a child under the age of four (please specify the names and dates of birth of the children):

………………………………………………………….

………………………………………………………….

………………………………………………………….
2. other reason:

In Zlín on ………………. ………………..……………….….

 Signature of employee

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval/disapproval by the senior executive:**

󠄁 I approve 󠄂 󠄁 󠄁󠄂 I do not approve this request.

In Zlín on ……………… ………………..……………….….

 Signature of senior executive