

<Your Company Logo>

Date

Delivered in Person

Employee Name

C/O <INSERT COMPANY NAME>

City, Province/State

Dear <INSERT EMPLOYEE'S FIRST NAME>

I have received your request for an unpaid leave of absence from <INSERT DATE> to <INSERT DATE> for <INSERT TYPE OF LEAVE OF ABSENCE>. I am pleased to inform you that I have approved your leave of absence for that period.

As per company policy, you will be required to use any outstanding vacation time, prior to beginning your leave of absence and therefore, the first <INSERT NUMBER> days of your leave of absence will be considered vacation. After that you will be on an unpaid <INSERT TYPE OF LEAVE OF ABSENCE> leave until <INSERT DATE>.

Please remember that you are not allowed to be involved in gainful employment of any type while on this leave of absence, unless you have received written approval to do so from me.

If you require an extension to this leave of absence, I may be able to grant an extension if operational requirements allow. In order to do so, I will need a written request for an extension at least **two (2)** weeks prior to the date you are due to return to work. Approval for the extension will be based on operational and staffing needs.

I wish you all the best during your leave of absence and look forward to seeing you upon your return to work on <INSERT DATE>.

Yours truly,

Your Name

Your Title

CC Employee file