|  |  |  |  |
| --- | --- | --- | --- |
| **Unpaid Leave and Reinstatement Form** | | | |
| **Request Date\*：** | | | |
| **Name\*** |  | **Department\*** |  |
| **Unpaid Leave Period\*** | **To** | | |
| **Unpaid Leave Reason\*** |  | | |
| **Reinstatement Date\*** |  | | |
| **Date of Early Reinstatement** |  | | |
| **Reason of Early**  **Reinstatement** |  | | |
| **Remarks** |  | | |