



UNPAID PERSONAL LEAVE OF ABSENCE DECLARATION

I confirm that I am unable to attend work and I hereby request an UNPAID Personal Leave of Absence for the following reason(s):

Leave Start Date (DD/MM/YY):

Leave End Date (DD/MM/YY) ***:

Expected Return to Work Date (DD/MM/YY):

*** Length of a personal leave of absence cannot exceed 30 days. If you require an extension to your leave, it is your responsibility to contact the Franchise Owner. You must fill out another LOA form.

I will contact my franchise owner immediately to advise of any change in my expected return work date. I understand that the franchise owner is providing me with a leave of absence based on the circumstance (s) I have described above and that the information I have provided in this declaration is true and accurate to the best of my knowledge. I understand that the franchise owner reserves the right to verify this information at a later date and that in the event it is determined that information I have provided is not truthful that this may jeopardize my continued employment with NOFRILLS.

[Print Name]

Signature

Date