

Sick Leave and Medical Request Form

Please fill out this form to request sick leave or medical leave. This form should be completed and submitted to Human Resources or your Supervisor.

Employee Information

Employee Full Name:

Employee ID:

Department:

Job Title:

Supervisor Name:

Date of Request (MM/DD/YYYY):

Leave Details

First Day of Absence (MM/DD/YYYY):

Last Day of Absence (MM/DD/YYYY):

Total Number of Work Days Requested:

Type of Medical Leave (e.g., Sick Leave, Family Medical Leave, Maternity/Paternity, Medical Appointment):

Medical Documentation

Is a medical certificate / doctor's note attached? (Yes / No):

If No, provide reason for missing documentation:

Employee Declaration and Signatures

I certify that my absence from duty was due to sickness, injury, or medical appointment as stated above, and that I am requesting leave in accordance with company policy.

Employee Signature (Print Name):

Date (MM/DD/YYYY):

For Office Use Only

Status (Approved / Denied / Pending):

Authorized Supervisor Signature (Print Name):

Date Signed (MM/DD/YYYY):

Remarks or Comments: