

Emergency Leave of Absence Request Form

Instructions: Please complete all sections of this form to request an emergency leave of absence. This form is formatted for printing and manual signing.

1. Employee Information

Full Name: Employee ID:
Department: Job Title:
Contact Phone Number: Email Address:

2. Emergency Contact Information

Emergency Contact Name:
Relationship to Employee:
Emergency Contact Phone:

3. Leave Request Details

Requested Start Date (MM/DD/YYYY):
Expected Return Date (MM/DD/YYYY):
Total Number of Work Days Absent:
Reason for Emergency Leave (e.g., Medical, Family Emergency, Bereavement):
Briefly explain the nature of the emergency (optional/confidential):

4. Acknowledgement and Signatures

By signing below, I certify that the information provided is accurate and that the leave is requested due to an urgent, unforeseen emergency. I understand that documentation supporting this request may be required upon my return.

Employee Signature (Print & Sign): Date:
Supervisor Signature (Approval): Date:
HR Department Signature: Date: