

# Emergency Medical Leave Request Form

Directions: Please fill out this form completely for emergency medical leave. This template is designed for physical printing and manual signature authorization.

## 1. Employee Information

Full Name:

Employee ID:

Department:

Job Title:

Phone Number:

Email Address:

## 2. Leave Request Details

Requested Start Date (MM/DD/YYYY):

Anticipated Return Date (MM/DD/YYYY):

Total Number of Requested Days:

Reason for Emergency Medical Leave (Briefly describe):

## 3. Emergency Contact Details

Emergency Contact Name:

Relationship to Employee:

Emergency Contact Phone Number:

## 4. Authorization and Signatures

By signing below, the employee certifies that the medical emergency requires immediate leave from duties.

Employee Signature:  Date:

Supervisor/HR Manager Signature:  Date:

Approval Status (Approved / Denied / Pending):