

Emergency and Short Notice Leave Request Form

This form is used to request immediate, emergency, or short-notice leave. Please complete all fields as accurately as possible for record-keeping and payroll purposes.

Employee Information

Employee Full Name: <input type="text"/>	Employee ID: <input type="text"/>
Department / Team: <input type="text"/>	Job Title: <input type="text"/>
Supervisor Name: <input type="text"/>	Date of Request (MM/DD/YYYY): <input type="text"/>

Leave Request Details

Type of Leave Requested (e.g., Sick, Family Emergency, Bereavement, Personal): <input type="text"/>	
Absence Start Date (MM/DD/YYYY): <input type="text"/>	Absence End Date (MM/DD/YYYY): <input type="text"/>
Total Hours or Days Requested: <input type="text"/>	Expected Date of Return (MM/DD/YYYY): <input type="text"/>
Reason for Emergency / Short Notice Request (Brief details): <input type="text"/>	

Emergency Contact Information (During Absence)

Emergency Contact Name: <input type="text"/>	Relationship to Employee: <input type="text"/>
Emergency Contact Phone Number: <input type="text"/>	

Signatures & Approvals

Employee Signature (For Print): <input type="text"/> (Sign above)	Date Signed (MM/DD/YYYY): <input type="text"/>
Supervisor Decision (Approved / Denied): <input type="text"/>	Supervisor Signature: <input type="text"/> (Sign above)
Supervisor Comments (If applicable): <input type="text"/>	