

Leave Application Report for Medical Emergency

This **leave application report** addresses an urgent medical emergency requiring immediate attention and absence from work. It provides necessary details about the situation and requests approval for the leave period. The report ensures clear communication and proper documentation for medical leave.

Employee Details

- **Name:** [Employee Name]
- **Employee ID:** [Employee ID]
- **Department:** [Department Name]
- **Designation:** [Designation]

Leave Details

- **Type of Leave:** Medical Emergency Leave
- **Start Date:** [Start Date]
- **End Date:** [End Date]
- **Total Days Requested:** [Number of Days]

Reason for Leave

Due to a sudden medical emergency, I am unable to attend work and require immediate medical attention. I have consulted with my healthcare provider and have been advised to take leave for the period mentioned above.

Supporting Documents

(Attached: Medical certificate/doctor's note as required)

Contact Information During Leave

- **Phone:** [Contact Number]
- **Email:** [Email Address]

Request for Approval

I kindly request you to consider my application and grant me leave for the mentioned period. I will ensure all urgent responsibilities are delegated and will provide assistance remotely if possible.

Thank you for your understanding and support.

Sincerely,

[Employee Name]

[Date of Application]