

Medical Leave Request Form

This **medical leave request form** sample provides a clear template for employees to formally request time off due to health reasons. It includes sections for essential details and a designated area for employer approval. Using this form ensures proper documentation and smooth communication between employees and management.

Employee Name:

Department:

Position/Title:

Leave Start Date:

Leave End Date:

Reason for Leave (brief):

Medical Certificate Attached:

☐ Yes

Employee Signature:

Date:

Employer/Manager Approval

Approval Status:

Comments:

Manager Signature:

Date: