

# Medical Leave Request Form – Family Emergency

Use this **medical leave request form** sample to formally notify your employer of a family emergency requiring immediate leave. The template ensures all necessary details are included for a smooth approval process. Customize it to fit specific situations and company policies.

**Employee Name:**

**Employee ID:**

**Department:**

**Manager/Supervisor Name:**

**Leave Start Date:**

**Leave End Date:**

**Reason for Leave (brief description of family emergency):**

**Emergency Contact Information during Leave:**

**Supporting Medical Documents (if any):**

No file selected

**Additional Notes:**