

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):

Choose File

No file selected

Additional Notes:

Submit Request