

# Medical Leave Request Form for Surgery

Use this **medical leave request form** sample for surgery to formally notify your employer about the need for time off due to a surgical procedure. The template ensures clear communication of the medical necessity and expected leave duration. Customize the form to include your specific details and doctor's recommendations.

Employee Information

Full Name:

Employee ID:

Department:

Position:

Medical Leave Details

Start Date of Leave:

Expected End Date of Leave:

Reason for Medical Leave:

E.g., Surgical procedure

Doctor's Recommendation (Attach Documentation if Necessary)

Doctor's Name:

Contact Information:

Doctor's Recommendation:

Optional summary of phy

☐ I have attached my doctor's note or recommendation.

Submit Request

*Note: Please attach all necessary medical documents and submit this form to your supervisor and HR department as early as possible.*