

Medical Reason Work from Home Declaration Form

This **Medical Reason Work from Home Declaration Form** sample provides a clear and standardized template for employees to request remote work due to health-related concerns. It ensures proper documentation and communication between the employee and employer regarding medical needs. Using this form helps maintain workplace flexibility while prioritizing employee well-being.

Employee Name:

Employee ID:

Department:

Position/Title:

Medical Reason for Request:

Please briefly describe the medical reason for your request.

Doctor's Note Attached:

Select 

Requested Work from Home Period:

e.g. June 10, 2024 – June 30, 2024

Contact Information (Email/Phone):

Declaration:

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that providing false or misleading information may result in disciplinary action.

Employee Signature:

Type full name as signature

Date:

Submit Request