

Employee Absence Notice Form

Medical Leave Request

Instructions: Please complete this form to request medical leave. Attach required medical documentation as necessary.

Employee Name:

Employee ID:

Department:

Position/Title:

Start Date of Absence:

End Date of Absence:

Expected Return Date:

Reason for Absence:

e.g., Medical illness, surgery, etc.

Medical Documentation Provided:

--Select--

If pending, please provide documentation as soon as possible.

Contact Information during Absence (optional):

Phone or email

Additional Notes (optional):

Employee Signature:

Date:

Manager/Supervisor Approval:

Date:

Submit Request

Utilizing this form helps maintain accurate records and supports workforce planning.