

Leave Authorization Form (Sick Leave)

This **leave authorization form** sample simplifies the process of requesting sick leave by clearly outlining necessary details such as the reason for absence and duration. It ensures proper documentation and approval from management, facilitating smooth communication between employees and HR. Using this form helps maintain accurate records and supports employee health needs effectively.

Employee Name:

Employee ID/Number:

Department:

Leave From (Start Date):

Leave To (End Date):

Reason for Leave (Sick Leave Description):

Contact Information During Leave:

Doctor's Note (if applicable):

Employee Signature:

Date Submitted:

For HR/Manager Use Only

Approval Status:

Manager/HR Name:

Date: