

Sick Leave Extension Application Form Sample

Use this **leave application form sample** to request an extension for sick leave efficiently. It ensures clear communication of your health situation and expected recovery time. Streamline your leave process with a professionally written template.

Employee Name:

Designation:

Department:

Reporting Manager:

Current Sick Leave Start Date:

Current Sick Leave End Date:

Requested Extended Leave Until (Date):

Reason for Extension (brief explanation):

Doctor's Certificate Attached: ☐

Contact Information During Leave:

Submit Application