

Medical Leave Authorization Form

Employee Name:

Employee ID:

Department:

Leave Start Date:

Leave End Date:

Medical Reason / Condition:

Doctor's Note Attached: Select ▾

Contact During Leave:

Date of Application:

Authorization

Employee Signature:

Manager/Supervisor Approval:

Date of Approval:

Submit Form

This leave authorization form is intended for internal use only. Please attach all relevant medical documents as required by company policy.