

Leave of Absence Notice Form (Medical Reasons)

Employee Name:

Job Title/Position:

Department:

Supervisor/Manager:

Type of Leave:

☒ Medical

Start Date of Leave:

Expected End Date of Leave:

Reason for Leave (brief description):

Please provide a brief explanation (optional, medical details not required for approval)

Contact Information During Leave:

Medical Certificate/Doctor's Note Attached: ☐ Yes

Employee Signature:

Date Signed:

Submit Request

This leave of absence notice form sample is designed to help employees formally request time off for medical reasons. It ensures clear communication between staff and management regarding the duration and purpose of the medical leave. Using this template facilitates a smooth approval process and proper documentation.