

Medical Leave Request Form Sample for Mental Health

Use this **medical leave request form** sample to formally notify your employer when taking time off for mental health reasons. It ensures clear communication and supports your right to a restful recovery. This template helps streamline the approval process while maintaining professionalism.

Employee Information

Full Name:

Employee ID:

Department:

Position/Title:

Leave Details

Type of Leave:

Medical Leave

Leave Start Date:

Leave End Date:

Reason for Leave:

Brief reason for leave (confidential - 'medical reasons')

Additional Information

Doctor's Note Provided:

☐ Yes

Emergency Contact (optional):

Authorization

Signature:

Type your name

Date Submitted:

Submit Request