

Prior Notice Form: Medical Leave

This **prior notice form** sample is designed to formally notify employers of an employee's upcoming medical leave. It ensures clear communication regarding the leave duration and necessary medical details. Using this form helps maintain proper documentation and compliance with workplace policies.

Employee Name:

Employee ID/Number:

Department/Position:

Immediate Supervisor/Manager:

Medical Leave Dates:

From (yyyy-mm-dd) to (yyyy-mm-dd)

Reason for Medical Leave (optional medical details):

Doctor's Note Attached:

Yes

Contact Information during Leave:

Additional Comments or Instructions:

Employee Signature:

Date: