

Leave Application Form Sample for Medical Reasons

This **leave application form sample for medical reasons** provides a clear and professional template for employees to request time off due to health issues. It ensures all necessary details are included to facilitate smooth communication with employers. Utilizing this form helps maintain proper documentation for medical leave requests.

Personal Information

Full Name:

Employee ID:

Department:

Leave Details

Type of Leave:

Sick Leave

From (Date):

To (Date):

Total Number of Days:

Medical Details

Reason for Leave (Brief Description):

Doctor's Note Attached:

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Yes

Contact During Leave

Contact Number:

Email:

Signature:

Date:

Submit Application