

# Emergency Leave Authorization Form

Employee Name:

Employee ID/Number:

Department:

Contact Information:

Leave Start Date:

Leave End Date:

Reason for Emergency Leave:

Additional Information (if any):

\_\_\_\_\_  
Employee Signature & Date

\_\_\_\_\_  
Manager/Supervisor Signature & Date

**Instructions:** Please complete all sections of the form and submit to your immediate supervisor for swift review and authorization during emergencies.

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This **leave authorization form sample** is designed to streamline the process for emergency leave requests, ensuring quick approval during urgent situations. It includes essential details such as the reason for leave, duration, and contact information. Using this form helps maintain clear communication between employees and management during emergencies.