

Workplace Notice of Absence Form (Medical Leave)

Employee Name:

Employee ID/Number:

Department/Team:

Supervisor/Manager Name:

First day of absence:

Expected return date:

Reason for Absence (Medical):

 Personal Illness/Injury

Further Details (optional):

Please provide additional information if necessary...

Medical Certificate/Doctor's Note Provided:

 Yes

Employee Signature:

Type your name for electronic signature

Date Submitted:

Submit

Note: This form is to be completed and submitted as soon as reasonably possible. Please attach supporting medical documentation if required, according to company policy.