

Emergency Leave of Absence Notice Form (Illness)

This **emergency leave of absence notice form** sample is designed to help employees promptly inform their employer about unforeseen illnesses requiring immediate time off. It ensures clear communication and proper documentation of the leave request. Using this form streamlines the approval process and maintains workplace organization during emergencies.

Employee Name:

Employee ID/Number:

Department:

Supervisor/Manager Name:

Date of Notice:

Leave Start Date:

Expected Return Date:

Reason for Leave (Briefly describe illness or situation):

Contact Information During Leave:

Additional Information (if any):

Employee Signature:

Date: