

Vacation Request Form for Medical Reasons

The **vacation request form** sample for medical reasons helps employees formally notify their employer about planned leave due to health concerns. This template ensures all necessary details are included for approval and record-keeping. It streamlines communication while maintaining professionalism in the workplace.

Employee Information

Full Name:

Employee ID:

Department:

Vacation Details

Start Date:

End Date:

Reason for Leave (Medical):

Medical reasons - please attach documentation if requested.

Attach Medical Certificate/Doctor's Note (if applicable):

Choose File

No file selected

Contact Information During Leave

Contact Number:

Email Address:

Approval

Supervisor/Manager Name:

Date Submitted:

Submit Request