

Medical Leave Request Form (Pregnancy-Related)

This **medical leave request form** sample is designed specifically for expectant mothers needing time off due to pregnancy-related medical reasons. It helps employees formally inform their employer about their condition and expected leave duration. Using this template ensures a clear and professional communication process.

Employee Name:

Department:

Manager/Supervisor:

Expected Start Date of Leave:

Expected End Date of Leave:

Reason for Leave:

Pregnancy-related medical reasons

Physician's Note (Attach if required):

Choose File

No file selected

Contact Information during Leave:

Employee Signature:

Date:

Submit Request