# Medical Leave Request Form

**Purpose:** This form is used by employees to formally request medical leave due to illness, injury, or any health-related condition that prevents them from performing their professional duties.

## Employee Details

**Full Name:** {fullName}

**Employee ID:** {employeeId}

**Department:** {department}

**Job Title:** {jobTitle}

**Supervisor Name:** {supervisorName}

**Date of Request:** {requestDate}

## Medical Leave Information

**Type of Leave:** {leaveType}

**Reason for Leave:***{reason}*

**Leave Start Date:** {startDate}

**Expected Return Date:** {returnDate}

## Contact During Leave

**Phone Number:** {contactPhone}

**Email Address:** {contactEmail}

## Medical Documentation

{#hasMedicalCertificate}Employee has provided medical certification.{/hasMedicalCertificate}

{^hasMedicalCertificate}No medical certification has been provided.{/hasMedicalCertificate}

## Additional Comments

{additionalComments}

## Approvals

|  |  |  |  |
| --- | --- | --- | --- |
| **Approver Name** | **Position** | **Date** | **Signature** |
| {#approvals}{approverName} | {position} | {approvalDate} | {signature}{/approvals} |

## Checklist

{#requirements}

* {item}

{/requirements}

*Please ensure all information is accurate and complete to avoid delay in leave approval.*