**Sick Leave Request Form**

**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Employee ID:** |  | **Department:** |  |
| **Position/Title:** |  | **Contact Information:** |  |
| **Email:** |  | | |

**Leave Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Request: |  | First Day of Sick Leave: |  |
| Expected Return Date: |  | Total Days Requested: |  |

**Reason for Leave**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Illness (self) |  | ☐ Medical Appointment |  |
| ☐ Family Illness / Caregiving |  | ☐ Other: |  |

**Medical Documentation (if applicable)**

|  |  |
| --- | --- |
| ☐ Doctor’s Note Attached | ☐ Not Applicable |

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

**Supervisor/Manager Approval**

|  |  |  |  |
| --- | --- | --- | --- |
| Approved ☐ Denied ☐ | Comments: |  | |
| Supervisor/Manager Name: | |  |  |
| Signature: | | **Date:** |  |

**HR Use Only**

* Leave Recorded: ☐ Yes ☐ No
* Updated in Attendance System: ☐ Yes ☐ No
* Processed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_