**Emergency Leave Request Form**

1. **Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name |  | Employee ID |  |
| Department |  | Designation |  |
| Contact Number |  | Email Address |  |

1. **Leave Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Leave | **Emergency Leave** | Reason for Emergency |  |
| Leave Start Date |  | Expected Return Date |  |
| Total Days Requested |  | | |

1. **Emergency Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Contact Person |  | Relationship |  |
| Contact Number |  | | |

1. **Work Handover (If Applicable)**

|  |  |  |
| --- | --- | --- |
| **Task / Responsibility** | **Assigned To** | **Notes** |
|  |  |  |
|  |  |  |

**E. Employee Declaration**

I hereby confirm that the above information is accurate and that I am requesting emergency leave due to an unforeseen situation. I will notify my supervisor of any changes to my return date.

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

1. **Supervisor / Manager Section**

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor Name |  | | |
| Approved / Not Approved | ☐ Approved      ☐ Not Approved | Comments |  |
| Supervisor Signature |  | Date | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ |

1. **HR Department Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| HR Representative |  | Processed Date |  |
| Notes |  | | |
|  | | |