**Sick Leave Application Form**

*(For Absence Due to Illness or Medical Reasons)*

1. **Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name |  | Employee ID |  |
| Department |  | Designation |  |
| Contact Number |  | Email Address |  |
| Supervisor/Manager Name |  | | |

1. **Leave Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Reason for Sick Leave |  | Date Leave Begins |  |
| Date Leave Ends | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ | Total Days Requested | (To be calculated by HR) |
| Type of Illness (Optional) |  |  |  |

1. **Medical Documentation**

|  |  |  |
| --- | --- | --- |
| **Item** | **Yes** | **No** |
| Doctor’s Certificate Attached | ☐ | ☐ |
| Medical Report Attached | ☐ | ☐ |
| Prescription/Advice Slip Attached | ☐ | ☐ |

**D. Employee Declaration**

I hereby declare that the information provided above is true and correct to the best of my knowledge. I request approval for sick leave due to medical reasons.

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

1. **Supervisor/Manager Review**

|  |  |  |  |
| --- | --- | --- | --- |
| Manager’s Comments |  | Recommended for Approval | ☐ Yes   ☐ No |
| Manager Signature |  | Date | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ |

1. **HR/Administration Approval**

|  |  |  |  |
| --- | --- | --- | --- |
| Approved Sick Leave Days |  | HR Comments |  |
| HR Signature |  | Date |  |