

Sick leave application form

[Company Name]
Sick Leave Application Form

Employee Information:

Employee Name: _____

Employee ID: _____

Department: _____

Job Title: _____

Contact Number: _____

Email Address: _____

Leave Details:

Type of Leave: Sick Leave

Start Date of Leave: _____

End Date of Leave: _____

Total Number of Days Requested: _____

Reason for Leave: (Please provide a brief description of your illness or medical condition)

Medical Certificate: (If required by company policy)

Attached

Will be provided upon return

Approval Section:

Employee Signature: _____

Date: _____

Supervisor/Manager Approval:

Approved

Denied

Comments: _____

Signature: _____

Date: _____

HR Department Approval:

Approved

Denied

Comments: _____

Signature: _____

Date: _____