
Sick Leave Application Form

Employee Name:

Employee ID:

Department:

Position:

Supervisor/Manager Name:

Date of Application:

First Day of Absence:

Expected Return Date:

Reason for Sick Leave

Please provide a brief description of the reason for your sick leave (e.g., flu, injury, medical procedure). Attach any relevant medical certificates or doctor's notes if available.

Additional Comments or Notes

If there is any important information that should be considered regarding your sick leave request, such as ongoing projects, work that needs to be reassigned, or any special assistance required upon return, please detail it here.

Employee Declaration

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that any false information may result in disciplinary action according to company policy.

Employee Signature:

Date:

Supervisor/Manager Approval

Approval Status: Approved Not Approved

Comments:

Supervisor/Manager Signature:

Date:
