

Employee Absence Form for Work

1. Personal Information

- Full Name: _____
- Job Title: _____
- Department: _____
- Contact Number: _____

2. Absence Details

- Date of Absence: _____
- Reason for Absence:
 - Medical Appointment
 - Emergency
 - Personal Reason
 - Other (Specify): _____

3. Supporting Documentation

- Doctor's Note Attached
- Other Documentation: _____

4. Acknowledgment

I understand the company's absence policy and confirm this submission aligns with organizational guidelines.

- Employee Signature: _____ Date: _____