Sick Leave Request

Employee Name:

Enter your name

Employee ID/Number:

Enter your employee ID

Department:

Enter your department

Position:

Enter your position

Sick Leave Start Date:

Sick Leave End Date:

Total Number of Days Requested:

Reason for Sick Leave:

Briefly describe your illness or reason

Contact Information During Leave (optional):

Enter your contact info

Employee Signature:

_____

Date:

_____

Supervisor/Manager Approval:

_____

Date: