

Sick Leave Statement

Date: _____
Employee Name: _____
Employee ID: _____
Department: _____

To,
The Manager,
_____ [Company/Organization Name]
_____ [Location]

Subject: Sick Leave Application

Respected Sir/Madam,

I am writing to inform you that I am unable to attend work from _____ to _____ due to illness. I have consulted my physician who has advised me to take rest for a speedy recovery.

Kindly grant me sick leave for the mentioned period. I will ensure to complete any pending work once I resume duty.

Thank you for your understanding.

Signature of Employee
Date: _____

Important Notes:

- Attach a medical certificate from a recognized physician if leave exceeds two days.
- Submit the leave statement as soon as possible for timely approval.
- Ensure accuracy of dates and personal details before submission.
- Sick leave approval is subject to the company’s leave policy.