

Employee Leave of Absence Statement

Employee Name: John Doe
Employee ID: 123456
Department: Human Resources
Position: HR Specialist

Type of Leave: Medical Leave
Leave Start Date: May 5, 2024
Leave End Date: May 20, 2024
Total Days Requested: 12

Reason for Leave:

Under doctor's recommendation, I am required to take a medical leave of absence to recover from a minor surgical procedure.

Contact Information During Leave:

Email: john.doe@email.com
Phone: (123) 456-7890

Signature: _____

Date: _____

Important Notes:

- Ensure all required supporting documents are attached, such as a medical certificate for health-related leave.
- Submit this statement to your direct supervisor or HR department as per company policy.
- Keep a copy of the completed form for your own records.
- Advance notice should be provided whenever possible to minimize disruption to workflow.
- Failure to provide accurate information may result in leave denial or disciplinary action.