INTERNATIONAL MOONLIGHT PUBLISHERS

MEDICAL LEAVE DETAILS

- **Document Code:** HR-021
- **Version:** 1.0
- **Date:** 01/01/2025

Purpose:

To ensure **employees provide valid medical documentation** for sick leave requests, preventing abuse of leave policies.

SECTION 1: EMPLOYEE DETAILS

Field	Details
Employee Name	
Employee ID	
Designation	
Department	
Reporting Manager	

SECTION 2: MEDICAL LEAVE DETAILS

Leave Start Date: _____

Leave End Date: _____

Total Leave Day: _____

Doctor's Name: _____

Hospital/Clinic Name: _____

Diagnosis (Optional) _____

Treatment Details (Optional) _____

Medical Certificate Attached: ☐ Yes ☐ No

SECTION 3: HR VERIFICATION & APPROVAL

Verification Stage	Reviewed By	Signature	Date
HR Representative		_____	
Manager Approval		_____	
Final Approval (MD)		_____	

Note: This form must be submitted **within 48 hours** of returning to work.