

Republic of Armenia, Ministry of Health

Sick Leave Request Form

Employee Information:

Full Name: Gor Grigoryan

Employee ID: 1

Department: Home

Position: CEO

Contact Info: (Phone or Email)

Sick Leave Details:

Reason for Leave (Brief description): description

Start Date of Sick Leave: 22/10/2024

Expected Return Date: 27/10/2024

Employee Declaration:

I declare that the information provided above is accurate to the best of my knowledge.

Employee Signature: _____

Date: 22/10/2024

Supervisor/Manager Approval:

Manager's Name: _____

Signature: _____

Date: _____ (dd/MM/yyyy)