

Republic of Armenia, Ministry of Health

Sick Leave Request Form

Employee Information:

Full Name: test11 test2

Employee ID: 3

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)