

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Company/Organization Name]
[Company Address]
[City, State, Zip Code]

Subject: Application for Leave on Medical Grounds

Dear [Recipient's Name],

I am writing to formally request a leave of absence due to medical reasons. I have been experiencing a severe fever, which has rendered me unable to perform my duties effectively.

I kindly request leave from [start date] to [end date]. I am committed to ensuring a smooth transition during my absence and will hand over any critical responsibilities to [Colleague's Name] if necessary.

I appreciate your understanding and support during this time. Please let me know if you require any medical documentation or further information.

Thank you for considering my request.

Sincerely,

[Your Name]
[Your Job Title]
[Your Department]