

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Company/Organization Name]  
[Company Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request medical leave from [start date] to [end date] due to [brief explanation of medical issue, e.g., a surgery, illness, etc.]. I have consulted with my healthcare provider, and they have advised that I take this time off to ensure a full recovery.

I will ensure that all of my responsibilities are handled before my leave and will arrange for my duties to be covered in my absence. Additionally, I will be available for any urgent matters via email or phone.

Thank you for considering my request. I look forward to your understanding and support during this time.

Sincerely,

[Your Name]  
[Your Job Title]