

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

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

Subject: Request for Leave of Absence for Medical Reasons

Dear [Recipient Name],

I hope this message finds you well. I am writing to formally request a leave of absence from work due to medical reasons, as advised by my healthcare provider.

The intended duration of my leave is from [start date] to [end date], during which I will be undergoing treatment and recovery. I have attached the necessary medical documentation to support my request.

I will ensure that all my responsibilities are managed prior to my leave and am willing to assist in the transition process. Please let me know if you require additional information or documentation.

Thank you for your understanding and support during this time. I look forward to your favorable response.

Sincerely,

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