

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

[Recipient Name]  
[Recipient Title]  
[Organization Name]  
[Organization Address]  
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Request for LWC (Leave Without Compensation)

I hope this letter finds you in good health. I am writing to formally request a Leave Without Compensation (LWC) for [duration of leave, e.g., "three months"] starting from [start date] to [end date].

The reason for my request is [briefly explain the reason, e.g., "personal health issues" or "family commitments"]. I have carefully considered the implications of this leave and am committed to ensuring a smooth transition during my absence.

I have made arrangements to ensure that my responsibilities are actively managed in my absence, including [mention any plans for delegation or coverage, if applicable]. I am dedicated to maintaining work continuity and am willing to assist in any necessary preparations.

I appreciate your consideration of my request. Please let me know if you need any additional information or if we can discuss this further.

Thank you for your attention to this matter.

Sincerely,

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