

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

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

Dear [Recipient Name],

I am writing to formally request a medical leave of absence from work due to [briefly explain your medical condition or reason]. I would like to request leave starting from [start date] to [end date].

During my absence, I will ensure that my responsibilities are managed and covered to the best of my ability. I will keep in touch and provide updates on my recovery as needed.

Thank you for your understanding. Please let me know if you require any further information or documentation.

Sincerely,  
[Your Name]