

[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 work due to [brief reason for leave, e.g., a medical condition, surgery, etc.]. I have been advised by my healthcare provider to take this leave to ensure proper recovery.

I would like to request leave starting from [start date] and anticipate returning on [return date]. I will ensure that all my responsibilities are handed over to [colleague's name] and will provide all necessary documentation from my healthcare provider as required.

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

Sincerely,

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