

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

[Date]
[Recipient's Name]
[Company/Organization Name]
[Company Address]
[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally request an indefinite medical leave of absence from my position at [Company/Organization Name], effective [start date]. Due to [brief description of the medical issue, if comfortable], I am unable to fulfill my work responsibilities at this time.

I will keep you updated on my health status and provide any required documentation from my healthcare provider. I hope to return to work as soon as I am able.

Thank you for your understanding.

Sincerely,

[Your Name]
[Your Job Title]