

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

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

Dear [Recipient Name],

Subject: Appeal for Medical Leave

I hope this message finds you well. I am writing to formally appeal the decision regarding my recent medical leave request, submitted on [original request date], due to [brief mention of your medical condition].

[Provide a detailed explanation of your situation, including any relevant dates, the nature of your absence, and any medical recommendations.

Attach supporting documents if necessary.]

I understand the importance of adhering to company policies and procedures and appreciate your consideration of my appeal. I am committed to ensuring a smooth transition back to work, and I would be grateful for the opportunity to discuss this matter further.

Thank you for your understanding and support. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Typed Name]

[Your Job Title]