

[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 a medical leave of absence from my position at [Company/Organization Name] due to [briefly state the reason, e.g., a medical condition, surgery, etc.]. My physician has advised me to take time off to ensure proper recovery and health.

I would like to request leave starting on [start date] and anticipate returning to work on [return date]. I will ensure that all my responsibilities are managed prior to my leave and will provide any necessary documentation from my healthcare provider.

Please let me know if you require any additional information or if there are specific forms I need to complete.

Thank you for your understanding.

Sincerely,

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