

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

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

Dear [Recipient Name],

I am writing to formally request a medical leave of absence due to [brief explanation of the medical issue, e.g., a health condition, surgery, etc.]. My physician has recommended that I take some time off to focus on my recovery and well-being.

I would like to request leave starting from [start date] and anticipate returning to work on [return date]. I will ensure that all my responsibilities are managed prior to my leave and am happy to assist in transitioning my work to a colleague during this period.

Please let me know if you require any additional documentation from my healthcare provider. I appreciate your understanding and support regarding this matter.

Thank you for considering my request.

Sincerely,

[Your Name]
[Your Job Title/Position]