

[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 short medical leave of absence from work due to [briefly state the reason, e.g., a medical condition or procedure]. I anticipate needing leave starting from [start date] and expect to return on [return date].

Please let me know if you require any medical documentation or further information. Thank you for your understanding.

Sincerely,

[Your Name]
[Your Job Title]