

[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 medical leave from [start date] to [end date] due to [brief explanation of the medical condition].

I have attached the necessary medical documentation to support my request. I will ensure that my responsibilities are managed during my absence and will provide any required handover information to [colleague's name].

Thank you for your understanding. Should you need to discuss this matter further, please feel free to contact me.

Sincerely,  
[Your Name]