

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

[Employer's Name]
[Company's Name]
[Company's Address]
[City, State, Zip Code]

Dear [Employer's Name],

I am writing to formally request a medical leave of absence from my position at [Company's Name] due to [briefly state medical condition, e.g., "a surgery that I need to undergo"].

I have consulted with my healthcare provider, who has advised that I take time off for treatment and recovery. My doctor has estimated that I will need to be away from work starting [start date] and anticipates that I will be able to return on [return date]. I will keep you informed if my recovery timeline changes.

I understand the importance of my role at [Company's Name] and I am committed to ensuring a smooth transition during my absence. [Optional: Mention any preparations you are making, such as training a colleague to cover your duties, providing access to your work files, etc.].

Please let me know if you need any documentation from my healthcare provider to facilitate this request. I appreciate your understanding and support in this matter.

Thank you for your consideration. I look forward to your response.

Sincerely,
[Your Name]
[Your Job Title]