

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Supervisor's Name]
[Company/Organization Name]
[Company Address]
[City, State, Zip Code]

Dear [Supervisor's Name],

Subject: Medical Leave of Absence

I am writing to formally request a medical leave of absence from work due to [brief description of medical condition or reason]. My physician has advised that I take time off to ensure a complete recovery.

I anticipate that my leave will start on [start date] and end on [end date]. I will keep you updated on my progress and provide any necessary documentation from my healthcare provider.

During my absence, I will ensure that my responsibilities are managed by [colleague's name or plan for coverage], and I am happy to discuss any arrangements that need to be made.

Thank you for your understanding and support during this time. I look forward to your positive response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Job Title]