

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

Dear [Recipient's Name],

I am writing to formally request medical leave from [start date] to [end date] due to [brief reason, e.g., a medical condition, surgery, etc.]. I have attached the necessary medical documentation from my healthcare provider to support my request.

I will ensure that all my responsibilities are managed in my absence, and I will be available to assist with the transition of my tasks as needed. Please let me know if we can arrange a meeting to discuss this further.

Thank you for your understanding.

Sincerely,  
[Your Name]