

[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 medical leave of absence due to [brief explanation of medical reason, e.g., health issues, surgery, etc.]. I will need to be away from work starting on [start date] and anticipate returning on [return date].

I have attached the necessary medical documentation to support my leave request. Should you require any additional information or clarification, please feel free to reach out to me.

Thank you for your understanding and support during this time.

Sincerely,
[Your Name]