

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

Dear [Manager's Name],

I am writing to formally request a leave of absence from work due to a medical condition that qualifies as a short-term disability. I have been diagnosed with [brief description of the medical condition], and my healthcare provider has advised that I take time off to recover.

I expect to be away from work starting on [start date], and I anticipate returning on [expected return date]. I will ensure that all my responsibilities are managed before my leave and will provide any necessary documentation from my healthcare provider to support my request.

Thank you for your understanding and support. Please let me know if you need any additional information or documentation.

Sincerely,

[Your Name]