

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

Dear [Recipient's Name],

I am writing to formally request a leave of absence for two months due to medical reasons. My doctor has advised that I undergo treatment and recovery during this period, which is essential for my health.

I would like to request leave starting from [Start Date] to [End Date]. I assure you that I will do my best to ensure a smooth transition of my responsibilities before my departure and will be available for any urgent matters via email or phone as much as possible.

Thank you for your understanding and support regarding my situation.

Please let me know if you require any further information or documentation from my healthcare provider.

Sincerely,

[Your Name]
[Your Job Title]