

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Date]
[Employer's Name]
[Company's Name]
[Company's Address]
[City, State, Zip Code]

Dear [Employer's Name],

I am writing to formally request urgent medical leave from [start date] to [end date] due to [brief reason for medical leave, if comfortable sharing].

I will ensure that my responsibilities are managed during my absence by [mention any arrangements made, if applicable]. Please let me know if you require any documentation from my healthcare provider.

Thank you for your understanding.

Sincerely,
[Your Name]