

[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 a medical leave of absence from work due to [briefly explain the medical reason, e.g., a health condition, surgery, etc.]. I anticipate that my leave will begin on [start date] and last until [end date] based on my doctor's recommendation.

I have attached the necessary medical documentation to support my request. Please let me know if you require any further information or if there are forms that I need to complete prior to my leave.

During my absence, I will ensure that my responsibilities are handed over to [Colleague's Name] to maintain continuity in the workflow. I will also be available for urgent matters via email or phone.

Thank you for your understanding and support during this time. I look forward to your approval of my medical leave.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]