

# Extended Medical Leave Application

Date: [Insert Date]

To,

[Manager's Name]

[Company's Name]

[Company's Address]

[City, State, Zip Code]

Dear [Manager's Name],

I am writing to formally request an extended medical leave of absence from work due to my need for rehabilitation. After consulting with my healthcare provider, it has been recommended that I undergo a rehabilitation program to ensure a full recovery.

I would like to apply for leave starting from [start date] to [end date]. During this period, I will ensure that all my responsibilities are handed over appropriately and any pending work is completed before my departure. I am willing to assist in the transition to ensure minimal disruption.

Attached to this letter, you will find the necessary medical documentation to support my request. Please let me know if you require any further information or documents.

I appreciate your understanding and support regarding this matter. I look forward to your positive response.

Thank you.

Sincerely,

[Your Name]

[Your Job Title]

[Your Department]

[Your Contact Information]