

# Medical Leave Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Manager's Name]

[Company's Name]

[Company's Address]

[City, State, Zip Code]

Dear [Manager's Name],

I am writing to formally request a medical leave of absence from work due to ongoing treatment for [specific medical condition]. My physician has advised that I require this time for optimal recovery. I plan to be on leave starting from [start date] to [end date], during which I will be unavailable for work-related duties.

I will ensure that all my responsibilities are delegated appropriately and that the transition is smooth before my absence. I will also keep in touch regarding my progress and will notify you should there be any changes to my return date.

Thank you for your understanding and support during this time. Please let me know if you need any further information or documentation regarding my leave.

Sincerely,

[Your Name]