

Leave Application for Outpatient Surgery

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a leave of absence from work due to a scheduled outpatient surgical procedure. The procedure is set for [date of procedure], and I expect to require [number of days] days for recovery.

I will ensure that all my responsibilities are managed prior to my leave, and I will be available for any urgent matters via email. I have also briefed [Coworker's Name] regarding my duties during my absence.

Thank you for your understanding and support.

Sincerely,

[Your Name]

[Your Job Title]