

Leave Application for Short-Term Disability

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date: [Insert Date]

Recipient Name

Company Name

Company Address

City, State, Zip Code

Dear [Recipient Name],

I am writing to formally request leave under the short-term disability policy due to a necessary surgery that I will undergo on [Insert Surgery Date]. My doctor has advised that I will need a recovery period of approximately [Insert Recovery Duration]. Therefore, I plan to be away from work starting from [Start Date] to [End Date].

As per the company's policy, I will ensure that my duties are delegated responsibly during my absence. I am willing to assist in the transition of my tasks to ensure a smooth workflow.

Attached is the medical documentation supporting my request for this leave. I appreciate your understanding and support regarding this situation.

Thank you for considering my application. I look forward to your positive response.

Sincerely,

[Your Name]