

Medical Leave of Absence Request

Your Name

Your Address

City, State, ZIP Code

Email Address

Phone Number

Date: [Insert Date]

Manager's Name

Company Name

Company Address

City, State, ZIP Code

Dear [Manager's Name],

I am writing to formally request a medical leave of absence due to [briefly explain medical condition or reason, e.g., surgery, illness]. My doctor has advised me to take time off to ensure proper recovery.

I will be unable to work starting from [start date] and expect to return on [return date]. I will ensure that all my current tasks are completed or delegated before my leave begins. During my time away, I can be reached at [your email/phone number] if any urgent matters arise.

Thank you for your understanding and support during this time. I look forward to returning to work rejuvenated and ready to contribute fully.

Sincerely,

[Your Name]