

# Extended Leave Notification

Date: [Insert Date]

To: [Supervisor's Name]

[Hospital/Clinic Name]

[Address Line 1]

[Address Line 2]

Dear [Supervisor's Name],

I hope this message finds you well. I am writing to formally notify you of my need to take an extended leave of absence from my position as [Your Position] at [Hospital/Clinic Name].

Due to [brief explanation of reason, e.g., a medical issue, family emergency, etc.], I will need to be away from [start date] to [end date]. During this time, I will ensure that all my responsibilities are adequately managed, and I am coordinating with [colleague's name] to cover my duties in my absence.

I understand the importance of my role and am committed to a smooth transition during this period. I will be reachable [provide your contact information and availability] should you need to contact me.

Thank you for your understanding and support during this time. I look forward to returning to work and continuing my contributions to the team.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]