

Leave of Absence Request

Date: [Insert Date]

To: [Supervisor's Name]
[Company/Organization Name]
[Company Address]
[City, State, ZIP Code]

Dear [Supervisor's Name],

I am writing to formally request a leave of absence from my position as [Your Position] at [Company/Organization Name] due to [brief reason, e.g., a medical condition, surgery, etc.]. I am scheduled to begin my treatment on [Start Date] and anticipate that I will require leave until [End Date].

During my absence, I will ensure that my responsibilities are covered by [mention any arrangements you've made or propose to make, e.g., delegating tasks to a colleague]. I will do my best to provide a smooth transition and will be available for any urgent matters via email or phone.

Thank you for your understanding and support in this matter. Please let me know if you need any further information or documentation from my healthcare provider.

Sincerely,

[Your Name]
[Your Position]
[Your Contact Information]