

Temporary Leave Request

Date: [Insert Date]

To: [Supervisor's Name]
[Department Name]
[Hospital/Organization Name]
[Address]

Dear [Supervisor's Name],

I am writing to formally request a temporary leave of absence from my position as [Your Job Title] due to [brief reason for leave, e.g., a medical issue, family emergency, etc.]. My anticipated leave date will be from [start date] to [end date].

I understand the importance of my role and assure you that I will do my best to ensure a smooth transition of my responsibilities before my departure. I am willing to assist in any way during this process and provide all necessary information to my colleagues to facilitate continuity of care.

Please let me know if you require any additional documentation or if we can schedule a meeting to discuss this further. Thank you for your understanding and support during this time.

Sincerely,
[Your Name]
[Your Job Title]
[Contact Information]