

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Manager's Name]

[Company's Name]

[Company's Address]

[City, State, Zip Code]

Dear [Manager's Name],

I am writing to formally request a medical leave of absence due to a scheduled medical procedure on [date of procedure]. Following the procedure, my doctor has advised that I take time off to ensure a full recovery. I anticipate needing [number of weeks] weeks of leave, and I plan to return to work on [return date].

I understand the importance of my responsibilities and will ensure that my tasks are up to date before my leave. I am also happy to assist in the transition and provide any necessary documentation from my healthcare provider.

Thank you for your understanding and support during this time. I look forward to your approval of my leave request.

Sincerely,

[Your Name]