

## **Subject: Application for Prolonged Leave of Absence**

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Recipient's Position]  
[Company/Organization Name]  
[Company Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a prolonged leave of absence from my position as [Your Position] due to health issues. After consulting with my healthcare provider, I have been advised to take an extended period of leave to focus on my recovery.

I would like to request leave starting from [Start Date] and anticipate returning to work on [Return Date]. I have ensured that my current projects are either completed or delegated to ensure a smooth workflow in my absence.

I appreciate your understanding and support regarding this matter. Please let me know if you require any further information or documentation concerning my health condition.

Thank you for your consideration.

Sincerely,  
[Your Name]