

Authorization for Medical Leave

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request medical leave from [start date] to [end date] due to [brief reason for medical leave]. I have consulted with my healthcare provider, and this leave is necessary for my health and recovery.

I have attached the required documentation from my physician to support this request. Please let me know if you need any further information or if there are any forms that I need to complete prior to my leave.

Thank you for your understanding and support regarding this matter. I look forward to your prompt response.

Sincerely,

[Your Name]