

# Confirmation of Medical Leave

Date: [Insert Date]

[Employee's Name]

[Employee's Address]

Dear [Employee's Name],

This letter serves to confirm your medical leave from work, as discussed.

We acknowledge that you will be on leave starting from [Start Date] to [End Date] due to [Reason for Leave]. During this time, your responsibilities will be handled by [Name of the Person Covering Responsibilities].

Please ensure that you provide any necessary documentation from your medical provider. If you require an extension of your leave or have any questions, do not hesitate to reach out to us.

Wishing you a quick recovery.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]