

# Medical Leave Documentation Requirements

Date: [Insert Date]

To: [Supervisor/HR Representative's Name]

From: [Your Name]

Subject: Medical Leave Documentation

Dear [Supervisor/HR Representative's Name],

I am writing to inform you about my recent medical leave and to provide the necessary documentation as required by company policy.

## Medical Leave Details:

- **Leave Start Date:** [Insert Start Date]
- **Leave End Date:** [Insert End Date]
- **Total Days of Leave:** [Insert Total Days]

## Documentation Provided:

- Medical Certificate from [Doctor's Name]
- Hospital Admission/Discharge Records
- Any Additional Relevant Medical Records

Please let me know if you require any further information or additional documentation. Thank you for your understanding.

Sincerely,

[Your Name]

[Your Job Title]

[Your Contact Information]