

# Medical Leave Notification

Date: [Insert Date]

**[Your Name]**

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

**[Recipient's Name]**

[Recipient's Title/Position]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally notify you that I am unable to attend work due to a medical condition. I will require medical leave starting from [Start Date] to [End Date]. During this period, I will ensure that all my responsibilities are delegated and addressed accordingly.

Please let me know if you require any further information or documentation regarding my medical condition.

Thank you for your understanding.

Sincerely,

[Your Name]