

Medical Leave of Absence Request

Date: [Insert Date]

To: [Manager's Name]

Company: [Company Name]

Address: [Company Address]

Dear [Manager's Name],

I am writing to formally request a medical leave of absence due to a chronic health condition that requires ongoing treatment. My healthcare provider has advised that I take time off work to manage my condition effectively.

I anticipate that my leave will begin on [start date] and continue until [end date], and I will keep you updated should there be any changes to this timeline.

I will ensure that all my responsibilities are handed over to [Colleague's Name] and will provide any necessary documentation from my doctor as required.

Thank you for your understanding and support during this time. Please let me know if you need any further information.

Sincerely,

[Your Name]

[Your Job Title]

[Your Contact Information]