

Family Leave Medical Evidence Request

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request medical evidence to support my family leave request. As per the [Company/Organization Name] leave policy, it is necessary to provide appropriate documentation for any medical leave taken.

My leave is related to [briefly explain your situation, e.g., my spouse's illness, a family member's medical condition, etc.]. In accordance with the policy, I am required to submit medical documentation indicating the need for my absence.

Kindly provide the required evidence by [insert deadline, if applicable]. If you need any further information or clarification regarding this request, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter. I appreciate your assistance.

Sincerely,

[Your Name]

[Your Job Title]

[Your Department]

[Your Contact Information]