

Request for Extended Medical Leave

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Manager's Name]

[Company's Name]

[Company's Address]

[City, State, Zip Code]

Dear [Manager's Name],

I am writing to formally request an extended medical leave of absence due to chronic health conditions that require intensive treatment and recuperation time. My physician has advised that I focus on my health and well-being to effectively manage these conditions.

The intended duration of my leave is from [Start Date] to [End Date]. I have enclosed the necessary documentation from my healthcare provider to support my request.

I understand the importance of my responsibilities and will ensure that my current projects are handled prior to my leave. I am happy to assist in the transition of my duties to ensure a smooth process during my absence.

I appreciate your understanding and support during this challenging time. Please let me know if you need any further information or if there are forms that I need to complete for HR.

Thank you for your attention to this matter.

Sincerely,

[Your Name]