

Medical Leave Confirmation

Date: [Insert Date]

To: [Employer's Name]

Company: [Company Name]

Address: [Company Address]

Dear [Employer's Name],

I am writing to formally confirm my medical leave of absence that began on [Start Date] and will extend until [End Date] due to [brief reason, e.g., medical condition or surgery].

As per our conversation, I will be following the recommendations of my healthcare provider and will ensure to keep you updated regarding my condition and return date.

If you require any further documentation or have any questions, please do not hesitate to reach out.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]