

Medical Leave of Absence Request

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Company's Name]

[Company's Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally request a medical leave of absence from work for [duration of leave], commencing on [start date] and concluding on [end date]. This request is due to [brief explanation of medical condition, if comfortable sharing].

I have consulted with my healthcare provider, and they have advised me to take time off to focus on my recovery. I intend to keep you updated on my progress and will provide any necessary medical documentation upon my return.

Please let me know if you require any further information or if there are forms I should complete prior to my leave. I appreciate your understanding and support during this time.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]