

# Medical Leave Application

[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 medical leave due to gastrointestinal problems that require immediate attention. My doctor has advised me to take time off to undergo treatment and recover adequately.

I would like to request leave starting from [Start Date] to [End Date]. I will ensure that all my responsibilities are managed prior to my departure and will keep you updated on my recovery progress.

Thank you for your understanding. Please let me know if you need any further information or documentation.

Sincerely,  
[Your Name]