

# Medical Leave Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

**[Employer's Name]**

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Employer's Name],

I am writing to formally request a medical leave of absence from work due to [briefly explain the medical issue or state the need for leave]. I would like to request leave starting from [start date] to [end date].

During this period, I assure you that I will do my best to ensure a smooth transition of my responsibilities. I am happy to assist in training a temporary replacement or handing over my ongoing projects to ensure continuity.

Thank you for considering my request. I would be happy to provide any necessary documentation from my healthcare provider if required. Please let me know if you need further information.

Sincerely,

[Your Name]