

Medical Leave Authorization

Date: [Insert Date]

To Whom It May Concern,

This letter is to formally authorize medical leave for [Employee's Name], who has been under my care for health-related issues. [He/She/They] will require time off from [Start Date] to [End Date] in accordance with medical advice.

During this period, I recommend that [he/she/they] refrain from all work-related activities to ensure a full recovery.

Please feel free to contact me at [Phone Number] or [Email Address] should you require any further information.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Medical Institution/Practice Name]

[Contact Information]