

[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 [brief description of the medical condition, if comfortable sharing]. My doctor has advised that I take time off to recover properly.

I anticipate needing leave starting from [start date] and plan to return on [return date]. I will keep you updated regarding my recovery process and any changes to my expected return date.

Please let me know if you need any further information or documentation from my healthcare provider to process my leave.

Thank you for your understanding and support during this time.

Sincerely,

[Your Name]