

Request for Medical Leave Certificate

Date: [Insert Date]

To,

[Recipient's Name]

[Recipient's Designation]

[Company/Organization Name]

[Company Address]

Dear [Recipient's Name],

I am writing to request a medical leave certificate for my recent illness. I was unable to attend work from [Start Date] to [End Date] due to [Brief Description of Illness].

As per company policy, I understand that a medical leave certificate is necessary to formalize my absence, and I would appreciate your assistance in obtaining this document at your earliest convenience.

Thank you for your understanding and support.

Sincerely,

[Your Name]

[Your Position]

[Your Department]

[Your Contact Information]