

Medical Leave Certificate Request

Date: [Insert Date]

To,
[Recipient's Name]
[Recipient's Title/Position]
[Company/Organization Name]
[Company Address]

Dear [Recipient's Name],

I am writing to formally request a medical leave certificate for my recent absence due to health issues. I was unable to attend work from [Start Date] to [End Date] and seek acknowledgment of this period of leave.

Please find attached the relevant medical documents from my physician confirming my condition and the necessity of my absence. I would greatly appreciate your understanding and prompt attention to this matter.

Thank you for your support and consideration.

Sincerely,
[Your Name]
[Your Position]
[Your Contact Information]