

Leave of Absence Request

Date: [Insert Date]

To: [Manager's Name]

Company: [Company Name]

Address: [Company Address]

Dear [Manager's Name],

I am writing to formally request a leave of absence due to a chronic medical condition that requires ongoing treatment. My healthcare provider has advised that I take time off to focus on my health and recovery.

I would like to request leave starting from [Start Date] to [End Date]. I will keep you updated on my progress and provide any necessary documentation from my healthcare provider to support my request.

I appreciate your understanding in this matter, and I look forward to your support during this time. Please let me know if you require any additional information.

Thank you for considering my request.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]