

Medical Leave Request

Date: [Insert Date]

To: [Recipient's Name]

Position: [Recipient's Position]

Department: [Department Name]

[University Name]

Dear [Recipient's Name],

I am writing to formally request a medical leave of absence from my position as [Your Position] at [University Name] due to [brief explanation of medical issue]. I have consulted with my healthcare provider, and they have advised me to take a leave of absence to ensure proper recovery.

I would like to request leave starting from [Start Date] to [End Date]. During this time, I will ensure that all my responsibilities are managed appropriately. I am willing to assist in the transition of my duties before my leave begins and provide any documentation required.

Thank you for considering my request. I hope to return to work re-energized and ready to contribute to the team. Please let me know if you need any further information.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]