

Employer Authorization for Medical Leave

Date: _____

To Whom It May Concern,

This letter serves to authorize **[Employee's Name]**, who works as a **[Employee's Position]** at **[Company Name]**, to take a medical leave of absence from **[Start Date]** to **[End Date]**.

The leave is granted due to medical reasons as supported by a medical certificate provided by **[Employee's Name]**. During this period, **[Employee's Name]** is expected to focus on recovery and rehabilitation.

If you have any questions regarding this matter, please feel free to contact me at **[Your Contact Information]**.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[Company Phone Number]