

# Request for Medical Leave Accommodation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally request a medical leave accommodation due to [briefly explain your medical condition]. I have been advised by my healthcare provider, [Doctor's Name], that I will need to take leave from [start date] to [end date] in order to properly address my health needs.

I would appreciate your understanding and support during this time. If necessary, I can provide documentation from my healthcare provider to substantiate this request.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]