

Formal workplace injury leave request

Subject: Medical Leave Request Due to Workplace Accident

Dear [Manager's Name],

I am writing to formally request medical leave following a workplace accident that occurred on [Date] at approximately [Time]. The incident resulted in [brief description of injury] and I have been advised by my physician to take time off for proper treatment and recovery.

I have already reported this incident to HR and completed the necessary accident report forms. My doctor has recommended [duration] of medical leave, with an estimated return date of [Date]. I will provide regular updates on my recovery progress and any changes to my expected return date.

During my absence, I have arranged for [colleague's name] to handle my immediate responsibilities. All urgent matters have been documented and handed over to ensure minimal disruption to our department's operations.

I have attached my doctor's medical certificate and will provide additional documentation as required by company policy. Please let me know if you need any further information or documentation to process this leave request.

Thank you for your understanding and support during this difficult time.

Sincerely,

[Your Name]

[Employee ID]

[Contact Information]

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