

Medical Leave Letter

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Employer's Name]

[Company/Organization Name]

[Address]

[City, State, ZIP Code]

Dear [Employer's Name],

I am writing to formally request a medical leave starting from [start date] to [end date] due to [mention the medical condition or reason for the leave]. My doctor has advised me to take this time off to properly recover and receive necessary treatment.

I understand the impact of my absence on the team and will do my best to ensure a smooth transition of my responsibilities during my absence. I will keep you updated on my progress and availability, and I will make myself available by phone or email for any critical matters that may arise.

I will provide all required medical documentation to support my leave request. I am committed to returning to work as soon as I am fit and capable.

Thank you for your understanding and consideration.

Sincerely,

[Your Name]