

# Medical Leave Request Letter

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Date]

[Employer's Name]

[Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Employer's Name],

I am writing to formally request a medical leave of absence from my position at [Company Name] due to [medical reason]. After consulting with my healthcare provider, it has been determined that I require time off from work to focus on my recovery and regain my health.

I anticipate needing [number of weeks/days] for my medical leave, starting from [start date] and ending on [end date]. During this period, I will be undergoing [medical treatment/therapy] to address my health condition and ensure a full recovery.

I understand the importance of my role at [Company Name], and I am committed to ensuring a smooth transition during my absence. I am willing to assist in any way possible to ensure minimal disruption to the team and to provide guidance on my ongoing projects. If necessary, I can also help train a temporary replacement or provide remote support as my health allows.

I have attached the relevant medical documentation and certification from my healthcare provider for your reference. I kindly request that you keep this information confidential and only share it with those who need to be aware of my situation.

I understand that the company may have specific procedures for requesting medical leave, and I am

more than willing to comply with any necessary documentation or additional steps required. Please let me know if there are any forms or processes that I need to complete.

I am committed to returning to work in good health and resuming my responsibilities as soon as my healthcare provider deems it appropriate. I will stay in touch during my medical leave and provide updates on my progress. I sincerely appreciate your understanding and support during this challenging time.

Thank you for considering my request. Please feel free to contact me at [your phone number] or [your email address] if you have any questions or require further information.

Sincerely,

[Your Name]

[Employee ID, if applicable]

Enclosure: Medical Documentation