TO

**[Receiver Name]**

**[Receiver Title]**

**ADDRESS: [Receiver Address]**

**EMAIL:** **[Email Address]**

**PHONE: [Home Phone]**

FROM

**[Sender Name]**

**[Sender Title]**

**Sub:** Letter for absence from work

Mr./Mrs. **[Name]**,

I am writing to you to formally request a medical leave of absence due to a serious health condition that I have been diagnosed with. Due to my illness, my physician has advised me to seek an immediate medical leave from work and expects that I will be unable to return to work for **[insert number]** weeks or longer, depending on my response to treatment and recovery progress.

I will be happy to have my doctor submit a medical certification form to verify the need for leave. Please let me know what additional information is needed in order to process this request. I greatly appreciate your assistance with this important matter.

Sincerely,

**[Your signature]**

**[Your typed name]**