**LEAVE OF ABSENCE LETTER**

**[Your full name]**

**[job title]**

**[Address]**

**[City, postcode]**

**[Date]**

Mr./Mrs. **Last Name,**

I am writing to you to submit a formal request for a medical leave of absence due to my own serious health condition that requires surgery. My doctor has scheduled a surgical procedure for **(insert date)** and expects that I will need **(insert number)** of weeks for recovery before being released to return to work. My physician will be happy to provide a formal medical certification document on my behalf.

Please let me know the next steps I should take to secure approval for this request.

Thank you in advance for your consideration.

Sincerely,

**[Your signature]**

**[Your typed name]**