**LEAVE OF ABSENCE LETTER**

**[Your Name]**

**[Your City, Postcode]**

**[Your Phone Number]
[Your Email address]**

**[Date]**

**[Supervisor’s Name]**

**[Title]**

**[Organization]**

**[Address]**

**[City, Postcode]**

Mr./Mrs. **Last 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]
[Your Phone Number]
[Your Email address]**