**LEAVE OF ABSENCE LETTER**

**[Your Name]**

**[Your City, Postcode]**

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

**[Date]**

**[Supervisor’s Name]**

**[Title]**

**[Organization]**

**[Address]**

**[City, Postcode]**

Dear **Recipient name:**

I am writing to request a 15-day leave of absence due to medical reasons. As I have not been keeping good health for a while my doctor has advised me to take some days off work. If possible, I would like to leave work on August 1 and return on August 16 20XX

Although I will not be in the office during this time period, I will still be available via email or phone. Please do not hesitate to contact me if you have any questions.

Thank you very much for your consideration.

Sincerely,

**[Your signature]**

**[Your name]**