Sample Doctor’s Visit Letter

Date

Name
Job Title
Address
City, State Zip Code

Dear Mr./Ms. Last Name:

Please accept this letter as written notification that I was unable to attend work on Monday, June 15, 20XX, because of a previously scheduled doctor's appointment.

Please let me know if I can provide any further information or documentation.

Sincerely,

Your Signature (*hard copy letter*)

Your Typed Name