Your name

Your address

Your city, country, post code,

Your phone number

Your email address

Date

Name

Company address

City, Country, Post code

*Dear Mr/Mrs Last name,*

*I am writing to request a one-month medical leave of absence beginning Monday, September 10 and ending Wednesday, October 10. I will be having surgery—my surgeon has ordered a minimum three-week recovery period (see doctor’s signed recommendation attached.)*

*I am happy to assist in handling any necessary preparations before beginning my leave, including training colleagues on upcoming projects. Thank you so much for your understanding.*

*Sincerely,*

*Handwritten signature*

*Name*