**Sick leave letter**

Dear [Mr.] / [Mrs.] [RECIPIENT],

My name is [YOUR\_NAME] and I work as [JOB\_DESCRIPTION] in the [DEPARTMENT]. Due to health reasons, I won’t be able to come to work starting with [DATE]. My doctor advises [X] days of rest and home treatment. I mention that I have [X] sick days left for this year.

OPTIONAL: I attached the medical certificate that attests to my condition and my doctor’s recommendation.

Please grant me these sick days and let me know if you need additional information.

Sincerely,

[YOUR\_NAME]

[SIGNATURE]

[DATE]