

Employee Leave Application Due to Health Issues (with Certified Medical Proof)

Date: [Insert Date]

To,
[Manager's Name]
[Designation or Department]
[Company Name]

Subject: Application for Leave Due to Health Issues

Dear [Manager's Name],

I am writing to formally request sick leave due to health issues that require my immediate attention and rest. After a recent consultation with my healthcare provider, I have been advised to take a break from work to focus on my recovery and prevent further complications.

I kindly request leave starting from [Start Date] to [End Date], and I will resume work on [Date of Return]. Attached to this application is a certified medical certificate from [Doctor's Name], [Hospital/Clinic Name], confirming my medical condition and the necessity for time off.

I have informed my team about pending tasks and will ensure a smooth transition of duties during my absence. Please let me know if any additional documentation or formalities are required.

I appreciate your understanding and support in this matter.

Thank you for your consideration.

Sincerely,
[Your Name]
[Your Designation]
[Department/Team Name]
[Employee ID (if applicable)]

Enclosure: Certified Medical Certificate