

Formal Leave Request Letter Due to Illness (with Medical Certificate)

[Your Name]

[Your Position/Department, if applicable]

[Company/School Name]

[Address]

[City, State, Zip Code]

[Date]

To,

[Recipient's Name]

[Recipient's Position/Designation]

[Company/School Name]

Subject: Leave Request Due to Illness

Dear [Recipient's Name],

I am writing to formally request a leave of absence from [start date] to [end date] due to a medical condition. I have been diagnosed with [briefly mention illness, if comfortable; e.g., severe flu, etc.], and my doctor has advised me to take adequate rest to ensure a full recovery.

Please find attached a copy of my medical certificate for your reference and record-keeping. I assure you that I will keep you updated on my progress and inform you promptly in case my leave needs to be extended upon further medical advice.

Kindly grant me medical leave for the mentioned period. I will ensure to complete any pending tasks or assignments at the earliest possible once I am able to resume my duties.

Thank you for your understanding and support.

Yours sincerely,

[Your Name]

[Contact Number]

[Email Address]

Attachment: Medical Certificate