

Leave Application for Extended Medical Leave (With Certificate)

[Your Name]
[Your Position]
[Department Name]
[Company/Organization Name]
[Date]

To,
[Recipient's Name/Manager's Name]
[Designation]
[Company/Organization Name]

Subject: Application for Extended Medical Leave

Dear [Recipient's Name],

I am writing to formally request an extended medical leave of absence from my duties at [Company/Organization Name], effective from [start date] to [anticipated end date], due to health-related reasons. As per my medical consultant's advice, I require additional rest and treatment which necessitates a longer period away from work.

I have attached a medical certificate issued by [Doctor's Name/Hospital Name] for your reference and consideration. Should there be a need for any further documentation or details, I am happy to provide the same at your earliest convenience.

I kindly request you to grant me the necessary leave for the period stated above. During my absence, I have communicated with my team to ensure a smooth workflow and have delegated my primary tasks to [colleague's name, if applicable].

Thank you for your understanding and support during this time. I look forward to your positive response and to resuming my duties as soon as I am medically fit.

Sincerely,
[Your Name]
[Employee ID, if applicable]
[Contact Information]

Enclosure: Medical Certificate from [Doctor's/Hospital's Name]