

# Leave Application Letter for Absence with Hospital Medical Certificate

Date: [Insert Date]

To,  
[Recipient's Name]  
[Designation, e.g., Manager/Principal]  
[Company/Organization/School Name]  
[Address]

Subject: Application for Leave of Absence Due to Medical Reasons

Dear [Recipient's Name],

I am writing to formally request leave of absence from [start date] to [end date] due to health reasons. I was recently admitted to [Hospital Name] for treatment, and my doctor has advised me to take complete rest for [number of days] days to ensure proper recovery.

I have attached a hospital-issued medical certificate as proof of my illness and hospitalization. I kindly request you to grant me medical leave for the mentioned period. I assure you that I will resume my duties and make up for any missed work as soon as I recover.

Thank you for considering my request. Please let me know if you require any additional information.

Sincerely,  
[Your Name]  
[Your Designation/Class & Section, if applicable]  
[Employee/Student ID, if applicable]  
[Contact Information]

**Enclosure:** Hospital Medical Certificate