

Leave of Absence Application Letter with Physician's Certificate

[Your Name]
[Your Position]
[Department]
[Company Name]
[Company Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

To:

[Manager/Supervisor's Name]
[Manager/Supervisor's Position]
[Company Name]

Subject: Application for Leave of Absence Due to Medical Reasons

Dear [Manager/Supervisor's Name],

I am writing to formally request a leave of absence from work due to medical reasons, as advised by my attending physician. I have recently experienced a health condition that requires immediate attention and sufficient recovery time.

As per the physician's assessment and attached certificate, I am required to be on medical leave starting from [Start Date] to [End Date]. The physician's certificate provides thorough documentation of my medical condition and the need for time off to ensure a full recovery.

I kindly request your approval and support for my absence during this period. I will ensure that all essential tasks are either completed or appropriately delegated before my leave commences. I am available to discuss any transition plans or answer questions to facilitate a smooth workflow in my absence.

Please find attached the physician's certificate for your reference. I understand the company's leave policies and am committed to complying with all requirements regarding medical leave documentation.

Thank you very much for your understanding and consideration. I look forward to your positive response.

Sincerely,
[Your Name]

Attachment: Physician's Certificate