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advice women can trust
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Medical Leave of Absence Request: Intermittent Leave

Your full name, job title
Home Address
City, State, Zip Code

Date

Mr./Mrs. Last Name,

I am writing to you to submit a formal request for approval for intermittent medical leave as a result of my diagnosis with (insert condition). While this illness does not require me to need an extended leave of absence, there may be times when I am unable to work due to this condition. My physician can provide you with a medical certification documenting this serious medical condition and possible intermittent leave needs associated with it.

Please let me know what steps I should complete next to move forward with my leave request. Your assistance with this important matter is greatly appreciated.

Sincerely,

Your signature

Your typed name