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# Medical Leave of Absence Request: Surgery

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

Date

Mr./Mrs. Last Name,

I am writing to you to submit a formal request for a medical leave of absence due to my own serious health condition that requires surgery. My doctor has scheduled a surgical procedure for (insert date) and expects that I will need (insert number) of weeks for recovery before being released to return to work. My physician will be happy to provide a formal medical certification document on my behalf.

Please let me know the next steps I should take to secure approval for this request. Thank you in advance for your consideration.

Sincerely,

Your signature

Your typed name