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Medical Leave of Absence Request: Serious Illness

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

Date

Mr./Mrs. Last Name,

I am writing to you to formally request a medical leave of absence due to a serious health condition that I have been diagnosed with. Due to my illness, my physician has advised me to seek an immediate medical leave from work and expects that I will be unable to return to work for (insert number) weeks or longer, depending on my response to treatment and recovery progress. I will be happy to have my doctor submit a medical certification form to verify the need for leave.

Please let me know what additional information is needed in order to process this request. I greatly appreciate your assistance with this important matter.

Sincerely,

Your signature

Your typed name