**Letter requesting a leave of absence (medical reasons)**

Your name
Department

Dear Mr./Ms. Jackson:

I am writing to request aone-month medical leave of absence beginning Monday, June 10 and ending Wednesday, July 10. I will be having a minor surgery—my surgeon has ordered a minimum three-week recovery period (please see the doctor’s signed recommendation attached).

I would happily assist in handling any necessary preparations before beginning my leave, including training colleagues on upcoming projects.

Thank you very much for your consideration.

Sincerely,

Your signature

Your name

Date