[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Manager's Name]
[Job Title]
[Company Name]

Subject: Medical Leave of Absence Request - [Your Name]

Dear [Manager's Name],

I am writing to formally request a medical leave of absence for surgery and the subsequent recovery period. My surgery is scheduled for [Start Date].

I expect to be away from work beginning [Start Date] and anticipate returning on [Return Date], pending clearance from my doctor. I have attached the medical certification from my healthcare provider confirming the necessity of this leave.

Before my leave begins, I will ensure that all my current tasks are up to date. I am happy to discuss a plan for covering my responsibilities during my absence to ensure a smooth transition for the team.

Thank you for your support and understanding regarding this matter. Please let me know what additional forms or steps are required to process this request.

Sincerely,

[Your Signature]

[Your Printed Name]