[Your Name]
[Your Employee ID]
[Your Phone Number]
[Your Email]

[Date]

[Manager's Name or HR Manager Name]
[Company Name]
[Company Address]

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

Dear [Recipient Name],

I am writing to formally request a medical leave of absence due to an injury I sustained while performing my work duties on [Date of Injury].

As per the recommendation of my healthcare provider, I will need to be away from work to recover and undergo necessary medical treatment. My leave is expected to begin on [Start Date] and I anticipate returning to work on or around [Expected Return Date].

I have attached the medical documentation and the work capacity form provided by my physician which outlines my current limitations and the necessity of this leave. I will keep you updated on my recovery progress and any changes to my expected return date.

During my absence, I will ensure that my current projects are handed over to [Colleague's Name] or as directed by you to minimize any disruption to the team.

Please let me know if there are additional forms or worker's compensation procedures I need to complete. Thank you for your support and understanding.

Sincerely,

[Your Signature]

[Your Printed Name]