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

[Date]

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

Dear [Manager's Name],

I am writing to formally request a medical leave of absence due to a chronic health condition. According to my healthcare provider's recommendation, I will need to be away from work to manage my symptoms and undergo necessary treatment.

I anticipate my leave will begin on [Start Date] and I expect to return to my duties on or around [End Date/Tentative Return Date]. I will keep you updated if there are any changes to this timeline based on my medical progress.

I have attached the required medical certification from my physician confirming my need for leave. I am committed to making this transition as smooth as possible. Before my leave begins, I will ensure that my current projects are documented and that [Colleague's Name] is briefed on any pending tasks.

Please let me know which HR forms I need to complete or if you require any further documentation regarding FMLA or company disability policies. I can be reached via email at [Email Address] if there are urgent questions before my leave starts.

Thank you for your understanding and support during this time.

Sincerely,

[Your Signature]

[Your Printed Name]