

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

[Date]

To: [Manager's Name or HR Representative Name]
[Department Name]
[Company Name]

Subject: Confidential Request for Medical Leave of Absence

Dear [Recipient Name],

Please accept this letter as formal notification that I need to take a medical leave of absence for personal health reasons. My healthcare provider has recommended a period of rest and treatment to address a mental health concern.

I am requesting this leave to begin on [Start Date] and I anticipate returning to work on [Return Date]. I will keep you updated should there be any changes to this timeline based on my medical provider's guidance.

I intend to ensure a smooth transition of my current responsibilities before my departure. I am happy to discuss a plan for covering my workload during my absence.

I have attached the necessary medical certification from my healthcare provider, which confirms the need for this leave without disclosing specific diagnostic details, in accordance with privacy regulations.

I appreciate your understanding and your commitment to maintaining the confidentiality of this request. Please let me know what additional forms or steps are required to finalize this process.

Sincerely,

[Your Signature]

[Your Printed Name]