

[Your Name]
[Your Job Title]
[Date]

[Recipient Name]
[Human Resources Department / Manager Name]
[Company Name]

Re: Status Update Request for Short-Term Disability (STD) Leave

Dear [Recipient Name],

I am writing to request an update regarding the status of my Short-Term Disability (STD) leave application, which was submitted on [Date of Submission].

As my current leave began on [Start Date], I would like to confirm if all necessary documentation has been received from both myself and my healthcare provider. Additionally, please let me know if there are any further steps I need to take or additional information required to finalize the processing of my claim.

I am currently following my treatment plan, and my projected return-to-work date remains [Date, or "to be determined based on medical evaluation"]. I will continue to keep you informed of any changes to my recovery timeline.

Thank you for your assistance with this matter. I look forward to hearing from you soon.

Sincerely,

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