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

[Date]

[Recipient Name]
[Title]
[Company Name]
[Company Address]

Subject: Request for Long-Term Disability Leave

Dear [Recipient Name],

I am writing to formally request a leave of absence for long-term disability. Due to a medical condition, I am currently unable to perform the essential functions of my position as [Your Job Title].

Based on the recommendation of my healthcare provider, my leave is expected to begin on [Start Date]. At this time, the anticipated duration of my absence is [Estimated Timeframe or "Indefinite"]. I will provide regular updates regarding my status and any changes to my expected return date.

I have attached the necessary medical certification from my physician to support this request. I intend to apply for benefits through the company's long-term disability insurance policy and would appreciate any guidance or forms required to complete that process.

Please let me know the next steps regarding my benefits, internal paperwork, and the coordination of my current responsibilities during my absence. I can be reached via email at [Your Email Address] for any urgent matters during this transition.

Thank you for your support and understanding.

Sincerely,

[Your Signature]
[Your Printed Name]