

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

[Date]

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

Subject: Short-Term Disability Leave Request - [Your Full Name]

Dear [Recipient Name],

I am writing to formally request a medical leave of absence to undergo a scheduled surgery and the subsequent recovery period. My physician has recommended this procedure, and I am eligible to apply for Short-Term Disability benefits during this time.

I anticipate my leave will begin on [Start Date] and I expect to return to work on or around [Return Date], pending medical clearance. I will keep you updated if there are any changes to my recovery timeline.

I have attached the necessary medical documentation provided by my healthcare provider. I am also in the process of completing the required disability claim forms for the insurance provider.

Before my leave begins, I will ensure that my current projects are documented and handed over to the appropriate team members to minimize disruption. Please let me know the next steps regarding the formal approval process and any additional paperwork required by the company.

Thank you for your support and understanding.

Sincerely,

[Your Signature]

[Your Printed Name]