[Your Name]
[Your Employee ID]
[Your Job Title]
[Date]

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

Subject: Request for Unpaid Medical Leave of Absence

Dear [Recipient Name],

I am writing to formally request an unpaid medical leave of absence from my position at [Company Name]. I anticipate that my leave will begin on [Start Date] and I expect to return to work on [Expected Return Date].

Due to a medical condition, I am currently unable to perform my job duties. I have attached medical documentation from my healthcare provider which confirms the necessity of this leave and my expected recovery timeline.

During my absence, I am committed to ensuring a smooth transition of my current tasks. I am happy to discuss how my responsibilities can be managed or handed over to other team members before my start date.

Please let me know if there are any specific forms or additional procedures I need to complete to finalize this request. I look forward to your response regarding the approval of this unpaid leave.

Thank you for your understanding and support.

Sincerely,

[Your Signature (if sending by mail)]

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