

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

[Date]

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

Subject: Request for Short-Term Disability Leave

Dear [Recipient Name],

I am writing to formally request a medical leave of absence and to apply for short-term disability benefits. Due to a medical condition, I am currently unable to perform the duties of my position.

Based on the recommendation of my healthcare provider, I expect my leave to begin on [Start Date]. At this time, I anticipate being able to return to work on [Expected Return Date]. I will keep you updated if there are any changes to this timeline based on my medical progress.

I have attached the required medical certification from my physician to support this claim. Please let me know if there are additional forms or documentation required by [Company Name] or the insurance carrier to process this request.

During my absence, I will ensure that my current projects are handed over to [Colleague's Name] to minimize any disruption to the team. You can reach me via email at [Your Email] for any urgent matters regarding this transition until my leave starts.

Thank you for your support and for processing this request.

Sincerely,

[Your Signature]

[Your Printed Name]