

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

[Date]

[Supervisor's Name]
[Company Name]
[Company Address]

Subject: Request for Extended Medical Leave of Absence

Dear [Supervisor's Name],

I am writing to formally request an extended medical leave of absence starting on [Start Date]. Due to a medical condition, I will be unable to perform my job duties until [Estimated Return Date].

I have attached the necessary medical documentation from my healthcare provider confirming the need for this leave. During my absence, I am committed to ensuring a smooth transition of my current tasks. I will [mention transition plan, e.g., brief my colleagues or complete pending reports] before my start date.

I will keep you updated if there are any changes to my expected return date. Please let me know what additional forms or steps are required to finalize this request.

Thank you for your understanding and support.

Sincerely,

[Your Signature]
[Your Printed Name]