

[Your Name, Title/Credentials]  
[Facility/Practice Name]  
[Department]  
[Contact Information]

[Date]

To: [Administration/HR Department Name]  
Attention: [Specific Supervisor Name]

Subject: Notification of Medical Leave of Absence

Dear [Recipient Name],

I am writing to formally notify you that I will be taking a leave of absence from my position as [Your Job Title] for [medical/personal] reasons. My last day of work will be [Start Date of Leave].

I anticipate my return to work on [Expected Return Date]. I will keep you updated should there be any changes to this timeline based on my provider's recommendations.

Regarding my current clinical responsibilities and patient load, I have taken the following steps to ensure continuity of care:

- **Patient Coverage:** [Name of Provider] has agreed to oversee my active patient panel during my absence.
- **Pending Results:** All outstanding labs and imaging orders have been [signed off/assigned to Name].
- **On-Call Duties:** I have coordinated with the scheduling office to cover my shifts for the period of [Dates].

I have completed the necessary [FMLA/Short-Term Disability] paperwork and will submit it to the Human Resources department by [Date].

During my absence, I can be reached via [email/phone] for urgent administrative questions only. For all clinical matters, please contact [Name of Covering Provider].

Thank you for your support and for ensuring a smooth transition for our patients during this time.

Sincerely,

[Your Signature]

[Your Printed Name]