[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email]

[Date]

[Recipient Name]
[Title/Position]
[Organization/School Name]
[Address]

Subject: Absence Notification Regarding Medical Procedure

Dear [Recipient Name],

Please accept this letter as formal notification that I was absent on [Date(s) of Absence]. My absence was due to a necessary medical procedure that I underwent on that day.

I understand that this absence is currently marked as unexcused. I am providing this explanation to request that my records be updated to reflect a medical leave. Attached to this letter, you will find documentation from the medical facility confirming that I was under their care during this time.

I am prepared to complete any missed work or assignments as quickly as possible. Please let me know if there are any specific forms or additional steps required to excuse this absence.

Thank you for your time and understanding regarding this matter.

Sincerely,

[Your Signature]

[Your Printed Name]