

Medical Leave Application for Office

Alex Johnson

Senior Analyst

Innovative Solutions Corp.

100 Business Park Drive

Metro City, State, 89012

alex.johnson@emailcorp.com

(555) 890-1234

Date: March 5, 2024

Mrs. Linda Hart

Human Resources Manager

Innovative Solutions Corp.

100 Business Park Drive

Metro City, State, 89012

Dear Mrs. Hart,

I am writing to formally request a medical leave of absence due to a health condition that requires surgery and a period of recovery thereafter. Upon consultation with my healthcare provider, it has become clear that I need to undergo this procedure as soon as possible to prevent further complications. Consequently, I am requesting a leave of absence from March 15, 2024, to April 25, 2024. I have attached a medical certificate from my doctor, outlining the necessity of this leave and the expected recovery period.

Understanding the impact of my absence on our team and ongoing projects, I have taken several steps to ensure a smooth transition:

- I have prepared detailed handover notes and have briefed my colleague, Sarah Miller, on current project statuses. Sarah has kindly agreed to oversee my responsibilities during my absence.
- I have also scheduled meetings with all project team leads this week to discuss any immediate concerns and finalize transition plans.
- Additionally, I will remain available via email for any urgent queries or to provide assistance with critical decision-making, health permitting.

I aim to make this process as seamless as possible and minimize the impact of my absence on our team's productivity. I appreciate the company's understanding and support during this time and assure you of my commitment to resume my full duties as soon as I am able.

Please let me know if further documentation is needed or if there are additional forms I should complete as part of this leave request process. I am also available for a meeting or a call to discuss this request further.

Thank you for your consideration and understanding.

Sincerely,

Alex Johnson

Enclosures: Medical Certificate