

UNPAID LEAVE OF ABSENCE REQUEST LETTER

Your City, State, Zip Code

Phone:

Email:

Recipient Name

Title

Organization

Address

City, State, Zip Code

26 July 2013

Dear Recipient Name:

I am writing to request a 15 day leave of absence for medical reasons. As I have not been keeping good health for a while my doctor has advised me to take some days off work. If possible, I would like to leave work on August 1 and return on August 16.

Although I will not be in office during this time period, I will still be available via email or phone. Please do not hesitate to contact me if you have any questions.

Thank you very much for your consideration.

Sincerely,

Your Signature

Your Name