

UNPAID LEAVE OF ABSENCE REQUEST LETTER

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

Date

Manager Name
Company Address
City, State, Zip Code

Dear [Title and Surname],

As you are aware, my [family member] is having some serious health issues. Although [she/he/they] has/have seen a number of different healthcare providers and endured numerous tests, [she/he/they] need(s) surgery. [Describe details of surgery]. As you understand, this is a very tough time for our family, so I will need to request the full 12-week absence allowance available to me.

My [family member's] doctor has completed the request form that I received from HR. Please find the letter attached to the email. As I understand that my absence will be a hindrance, I am giving you a month's notice in order for you to find a temporary replacement. My [family member's] surgery is scheduled for [date], meaning that I am able to work until [date] to ensure that everything is in order before my departure.

I anticipate that my return date will be [date]. While this is just an estimate, I do hope that I can return to work before this time.

I appreciate your understanding.

[Signature]

[Full name]