

Date: \_\_\_\_\_

To,

The Manager / Principal

[Company / School Name]

[Company / School Address]

**Subject: Application for Medical Leave**

Respected Sir/Madam,

I am writing to inform you that I am suffering from \_\_\_\_\_ and, on my doctor's advice, I need to take bed rest for \_\_\_\_\_ days. Therefore, I request you to kindly grant me medical leave from \_\_\_\_\_ to \_\_\_\_\_.

I have attached the medical certificate issued by my doctor for your reference.

I shall be grateful for your kind consideration.

Thanking you,

Yours faithfully,

\_\_\_\_\_  
[Your Name]

[Your Designation/Class/ID]