

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]