

Formal leave for hospitalization

Subject: Medical Leave Due to Hospitalization

Dear [Manager/Supervisor Name],

I am scheduled for hospitalization due to [medical reason] and will require leave from [Start Date] to [End Date]. I will provide hospital documents and medical certificate for your records. Kindly approve my leave for the duration mentioned.

Thank you for your support.

Sincerely,

[Your Name]

[Department/Designation]

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