*Leave Application*

Your Name

Your Department

To,

The Manager,

Department

Company/Organization.

Date: DD/MM/YYYY

Sub: *Application for leave*

Respected Sir/Madam,

For my health conditions which have been deteriorating and my undergoing treatment for the same, with due respect I would like to inform you that I would not be able to attend office for \_\_\_\_\_ days i.e. from DD/MM/YYYY to DD/MM/YYYY.

I have a very good record of attendance. I promise to complete my pending assigned work as soon as I rejoin. I am looking forward for your approval. Thank you.

Yours obediently,

Your Signature

Your Name