

Extended Leave of Absence Notification

Date:

To:

(Supervisor/Manager Name)

Department:

From:

(Employee Name)

Employee ID:

Subject:

Extended Leave of Absence Notification

Dear _____,

I am writing to formally notify you of my need to take an extended leave of absence from my position at _____ due to _____ (reason for leave).

Leave Start Date:

Expected Return Date:

Total Leave Duration:

I have made arrangements to delegate my responsibilities and ensure minimum disruption during my absence. I will be accessible for any urgent matters via _____ (contact details).

Please let me know if you require any additional information or documents. I appreciate your understanding and support regarding this matter.

Sincerely,

(Signature)

(Printed Name)

Important Notes:

- Extended leave of absence should be requested in advance wherever possible.
- Supporting documentation (medical certificate, etc.) may be required.
- Approval of leave is subject to organizational policy and management discretion.

- Ensure all necessary handovers and delegation of tasks are completed before departure.
- Keep HR informed about any changes to the expected return date.