**To**

**[The Recipient Name]  
[Address]**

**Re. Medical Leave from Work due to COVID-19 and Home Quarantine**

Dear Sir,

This letter intends to request a fifteen days’ medical leave because of Covid-19 and home quarantine. I have been tested positive for the SARS-Cov variant of Covid-19; therefore, I have been quarantined at my home for fourteen days by the Communicative Disease Control (CDC), California. I am unable to work from home as well due to sickness and body aches.

I tested positive on [DATE] and hence, it is expected that it will take fourteen days to recover from the disease. Some of the Covid consultants suspect that the new variant can be longer than the previous ones, therefore, fourteen days’ quarantine has been called tentative.

On the account of this, I shall remain on leave from [DATE] to [DATE]. I plan to give my charge to Mr. [NAME] during this course of time. Please approve this shift of the charge if possible.

I have attached all the relevant details that are required for the approval of the leave. In case of any further details, I am reachable at [PHONE]. Please call me at the given number if there are any queries related to my work. I shall try my best to contribute remotely if possible.

Please refer to the letter of my physician and pulmonologist as a reference letter. I also request you to direct for the immediate release of the emergency medical allowance (EMA). I shall be highly grateful to you. Thank you.

Regards.

[Your Name]  
[Designation]