Leave Letter for Throat Pain - Sample Format

[Your Name]
[Your Designation/Class and Section]
[School/Workplace Name and Address]
[City, State, Zip Code]
[Date]

[Recipient's Name]
[Recipient's Designation/Supervisor's Name]
[School/Company Name and Address]

Subject: Leave Application Due to Throat Pain

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to inform you that I am experiencing severe throat pain, which has made it challenging for me to speak and perform my duties effectively.

After consulting with a medical professional, it has been advised that I take [number of days] off from school/work to recover and prevent the spread of any potential infection. I understand the importance of my responsibilities and will ensure that all pending tasks are completed or handed over to a colleague/classmate.

I have attached the medical certificate along with this letter for your reference. I will keep you updated on my recovery progress and will be reachable by email for any urgent matters.

I appreciate your understanding and cooperation in this matter. Thank you for your prompt attention to this request.

Yours sincerely,

[Your Full Name]
[Your Contact Information]
[Optional: Your Signature]