Leave Application for Sore Throat

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

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

Subject: Leave Application Due to Sore Throat

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to inform you that I am currently suffering from a severe sore throat, which is causing discomfort and hindering my ability to focus on my responsibilities.

After consulting with a healthcare professional, it has been advised that I take [number of days] off from school/work to rest and recover. I understand the importance of my duties and assure you that I will make every effort to complete any pending tasks before my absence.

I have attached the medical certificate for your reference. I will keep you informed of my recovery progress and will be accessible via email for any urgent matters.

Thank you for your understanding and consideration.

Yours sincerely,

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