

Long-Term Incapacity Notice

Date:

To:

Department:

Dear ,

This letter serves as formal notification of my long-term incapacity due to medical reasons. Based on my healthcare provider's assessment, I am unable to perform my usual work duties for an extended period, starting from .

I will provide any required medical documentation and keep you updated regarding my recovery and expected return date.

Thank you for your understanding and support during this period.

Sincerely,