

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Employer's Name]  
[Company's Name]  
[Company's Address]  
[City, State, Zip Code]

Dear [Employer's Name],

I am writing to formally request leave under the Family and Medical Leave Act (FMLA) due to [reason for leave, e.g., a serious health condition, to care for a family member, etc.].

My anticipated start date for the leave is [start date], and I expect to return to work on [return date]. I will ensure that all necessary documentation is provided, including any medical certification required. Please let me know if you need any additional information or if there are specific forms I should complete. Thank you for your understanding and support.

Sincerely,  
[Your Name]