

****FMLA Leave Request Template****

[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/HR Department],

Subject: Request for FMLA Leave

I am writing to formally request a leave of absence under the Family and Medical Leave Act (FMLA) for [number of weeks/dates] starting from [start date] to [end date] due to [reason for the leave, e.g., personal health condition, caring for a family member, etc.].

I have attached relevant documentation from my healthcare provider to support this request. During my absence, I will ensure that my responsibilities are managed by [name of coworker or plan for coverage]. I am committed to ensuring a smooth transition and will prepare my team accordingly.

Please let me know if you need any additional information or further documentation to process my request. I appreciate your understanding and support during this time.

Thank you for considering my request.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Job Title]