

[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],  
Subject: FMLA Leave Application

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

I am planning to take my leave starting on [start date] and expect to return on or before [return date]. I will keep you informed of my leave status and provide updates as necessary.

To assist with the processing of my application, I have attached the necessary medical certification form from my healthcare provider, which outlines my condition and the need for my leave.

I understand the company's policies regarding FMLA leave and am committed to ensuring a smooth transition while I am away. I am happy to assist in any way to prepare for my absence, including training a temporary replacement, if needed.

Thank you for your understanding and support in this matter. Please let me know if you need any additional information.

Sincerely,  
[Your Name]  
[Your Job Title]