

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

As per the requirements of the FMLA, I am providing you with this notice [insert any relevant documentation, if applicable, such as medical certification].

I understand my responsibilities concerning my leave and will ensure that my duties are managed during my absence. Please let me know if you require any further information or documentation.

Thank you for your attention to this matter.

Sincerely,

[Your Name]  
[Your Job Title]