

[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 [briefly state the reason, e.g., a serious health condition, to care for a family member, etc.].

I anticipate that my leave will begin on [start date] and I expect to return to work on [return date]. I have attached any relevant medical documentation to support my request.

Please let me know if you require any additional information or documentation. Thank you for your understanding and support.

Sincerely,
[Your Name]