

[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 notify you of my request for leave under the Family and Medical Leave Act (FMLA) due to [reason for the leave, e.g., a serious health condition, care for a family member, etc.].

I intend to take leave beginning on [start date] and expect to return to work on [return date]. During this time, I plan to [any necessary details regarding coverage of duties, etc.].

I understand the requirement to provide documentation to support my leave request and will provide the necessary medical certification as required by the company policy.

Thank you for your understanding. Please let me know if you need any additional information.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Job Title]