

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Company Name]
[Company Address]
[City, State, ZIP Code]

Dear [Recipient Name],

I am writing to formally request leave under the Family and Medical Leave Act (FMLA) due to [briefly explain the reason, e.g., a serious health condition, the birth/adoption of a child, caring for an ill family member].

I would like to request leave starting on [start date] and anticipate returning to work on [anticipated return date]. During my absence, I will ensure that my responsibilities are covered and will assist in a smooth transition, including [briefly mention how you will manage your workload, if applicable].

Please let me know if you require any documentation to support my leave request. I appreciate your understanding and support during this time. Thank you for considering my request.

Sincerely,

[Your Name]
[Your Job Title]
[Your Department]
[Employee ID (if applicable)]