

[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) to care for my [relation, e.g., spouse, child, parent] who has a serious health condition. The leave is necessary to provide care and support during this time.

I would like to request leave starting on [start date] and anticipate returning to work on [return date]. I will keep you updated if my return date changes.

Please let me know if you need any additional information or documentation. Thank you for your understanding and support during this time.

Sincerely,

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