

[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) due to [briefly explain your situation, e.g., "a serious health condition," "the need to care for a family member," etc.]. I expect to be away from work starting on [start date] and returning on [return date]. During my absence, I will ensure that my responsibilities are covered and will provide any necessary documentation required for the leave.

Please let me know if you require any further information or documentation to process this request. Thank you for your attention to this matter.

Sincerely,  
[Your Name]  
[Your Job Title]  
[Your Department]