

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[HR Manager's Name]  
[Company Name]  
[Company Address]  
[City, State, Zip Code]

Dear [HR Manager's Name],

I am writing to formally request leave under the Family and Medical Leave Act (FMLA) due to [brief description of the reason, e.g., a serious health condition, the birth of a child, care for a family member].

I anticipate that my leave will begin on [start date] and end on [end date]. During this period, I plan to [describe any arrangements made, if applicable, e.g., delegate tasks or be available for urgent matters].

I understand that I must provide medical documentation to support my request and will submit the necessary paperwork as required. Please let me know if there are any forms or additional information that you need from me.

Thank you for your attention to this matter. I appreciate your support and understanding.

Sincerely,

[Your Name]  
[Your Job Title]