

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

Dear [Supervisor's Name],

I am writing to formally request a Family and Medical Leave Act (FMLA) leave of absence for [reason for leave, e.g., a serious health condition, to care for a family member, etc.]. I am requesting this leave to begin on [start date] and anticipate returning to work on [return date].

I have included [any required documentation, e.g., medical certification] to support my request. If you need any further information or documentation, please let me know, and I will be happy to provide it.

Thank you for your understanding and support during this time.

Sincerely,

[Your Name]
[Your Job Title]