

[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 medical leave of absence under the Family and Medical Leave Act (FMLA) due to [brief description of the medical condition or reason]. My healthcare provider has advised that I require time off to recuperate and address my health needs.

I anticipate needing leave starting on [start date] and expect to return on [anticipated return date]. I will provide any necessary documentation from my healthcare provider regarding my condition and the need for leave.

During my absence, I will ensure a smooth transition by [mention any arrangements you plan to make, e.g., delegating tasks, providing instructions]. I am committed to staying in communication during my leave and will keep you updated on my recovery.

Thank you for your understanding and support.

Sincerely,

[Your Name]  
[Your Job Title]