

[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 the reason, e.g., a serious health condition]. My physician has advised that I take this leave starting from [start date] through [end date].

I anticipate that I will be able to return to work on [return date].

During my absence, I will ensure that my responsibilities are managed effectively by [mention how you will prepare, e.g., training a colleague, wrapping up current projects].

Please let me know if you require any additional information or documentation. I appreciate your understanding and support during this time.

Thank you for your consideration.

Sincerely,
[Your Name]